

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Filing at a Glance

Company: Northwestern Long Term Care Insurance Company
Product Name: 2016 LTC Risk Mitigation
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate
Date Submitted: 02/23/2017
SERFF Tr Num: NWST-130932376
SERFF Status: Closed-Approved and Filed
State Tr Num: NWST-130932376
State Status: Approved & Filed
Co Tr Num: 2016 LTC RISK MITIGATION – RS RATES - POST-RATE STABILIZATION

Implementation: On Approval
Date Requested:
Author(s): Angela Schaaf, Annette Huttli, Debbie Orr, Laura Olski, Lisa Phimthasak
Reviewer(s): Janet Houser (primary)
Disposition Date: 11/03/2017
Disposition Status: Approved and Filed
Implementation Date:

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

General Information

Project Name: 2016 LTC Risk Mitigation Status of Filing in Domicile: Pending
 Project Number: 2016 LTC Risk Mitigation Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 11/06/2017
 State Status Changed: 11/03/2017
 Deemer Date: Created By: Laura Olski
 Submitted By: Laura Olski Corresponding Filing Tracking Number: NWST-130932377,
 NWST-130932341, NWST-130932373, NWST-130932340
 State TOI: LTC03I Individual Long Term Care

Filing Description:
 Enclosed with this filing are revised rates for a few of our inforce long-term care blocks of business (which are noted below). The block of business represents policies issued after the effective date of rate stabilization. Please note that we have included a cover letter to the actuarial memorandum which provides additional information regarding the revised rates.

The form numbers and approval dates for the long-term care insurance policies that are impacted are as follows:

Policy Form Number	/	Approval Date
RS.LTC.(1101)	/	03/14/2002
RS.LTC.(0807)	/	12/03/2007
RS.LTC.(0708)	/	03/21/2008

We are planning to implement the rates in the third quarter of 2017 pending your department’s approval.

Based on the above, your review and approval is greatly appreciated. If you have any questions, you may contact me at 414-665-1859 or email me at annettehuttl@northwesternmutual.com. For all email correspondence, please copy Laura Olski at lauraolski@northwesternmutual.com.

Sincerely,

Annette Huttli
 Product Compliance Consultant
 Actuarial Department

Company and Contact

Filing Contact Information
 Annette Huttli, Product Compliance Consultant annettehuttl@northwesternmutual.com
 720 East Wisconsin Avenue 414-665-1859 [Phone]
 S845 414-625-7598 [FAX]
 Milwaukee, WI 53202

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
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Filing Company Information

Northwestern Long Term Care
Insurance Company
720 East Wisconsin Avenue
Rm S845
Milwaukee, WI 53202
(414) 271-1444 ext. [Phone]

CoCode: 69000
Group Code: 860
Group Name:
FEIN Number: 36-2258318

State of Domicile: Wisconsin
Company Type: Long Term
Care
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
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Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Filing Company: Northwestern Long Term Care Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	11/06/2017	11/06/2017
Approved and Filed	Janet Houser	11/03/2017	11/03/2017

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	10/03/2017	10/03/2017
Info has been requested from company	Janet Houser	09/21/2017	09/21/2017
Info has been requested from company	Janet Houser	08/31/2017	08/31/2017
Info has been requested from company	Janet Houser	07/31/2017	07/31/2017
Info has been requested from company	Janet Houser	07/05/2017	07/05/2017
Info has been requested from company	Janet Houser	03/21/2017	03/21/2017
Info has been requested from company	Janet Houser	03/02/2017	03/02/2017

Response Letters

Responded By	Created On	Date Submitted
Annette Huttl	10/04/2017	10/04/2017
Annette Huttl	09/29/2017	09/29/2017
Annette Huttl	09/12/2017	09/21/2017
Annette Huttl	08/10/2017	08/10/2017
Annette Huttl	07/17/2017	07/17/2017
Annette Huttl	04/10/2017	04/10/2017
Laura Olski	03/20/2017	03/20/2017

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policyowner Notification Letter	Annette Huttl	11/06/2017	11/06/2017
Form	Personalized Options Form	Annette Huttl	11/06/2017	11/06/2017

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
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 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policyowner Notification Letter (Waiver)	Annette Huttl	11/06/2017	11/06/2017
Form	Personalized Options Form	Annette Huttl	11/02/2017	11/02/2017
Form	Personalized Options Form	Annette Huttl	10/31/2017	10/31/2017
Form	Personalized Options Form	Annette Huttl	10/25/2017	10/25/2017
Supporting Document	Long Term Care Insurance Rate Request Summary	Annette Huttl	10/19/2017	10/19/2017
Form	Personalized Options Form	Annette Huttl	10/02/2017	10/02/2017

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Policyholder letter and Change Form	Note To Filer	Janet Houser	11/06/2017	11/06/2017
Personalized Options Form	Note To Filer	Janet Houser	10/31/2017	10/31/2017
Personalized Options Form	Note To Filer	Janet Houser	10/23/2017	10/23/2017
Personalized Options Form (90-2578 LTC Options Form (0417))	Note To Reviewer	Annette Huttl	10/19/2017	10/19/2017
LTC Rate Request Summary Form	Note To Filer	Janet Houser	10/18/2017	10/18/2017
10.3.17 Objection letter	Note To Filer	Janet Houser	10/03/2017	10/03/2017
LTC Options Form	Note To Filer	Janet Houser	10/02/2017	10/02/2017
Response to Note to Filer	Note To Reviewer	Annette Huttl	07/17/2017	07/17/2017
Targeted Loss Ratio	Note To Filer	Janet Houser	07/11/2017	07/11/2017
RRS	Reviewer Note	Janet Houser	10/31/2017	
How policy is updated	Reviewer Note	Janet Houser	10/18/2017	
Act Review	Reviewer Note	Janet Houser	02/24/2017	

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Disposition

Disposition Date: 11/03/2017

Implementation Date:

Status: Approved and Filed

Comment: This filing was reopened at the request of the Bureau of Insurance to amend language regarding the Contingent Benefit Upon Lapse option in the Policyholder Notification Letters and the Personalized Options Form. This filing as been closed as of the original disposition date of November 3, 2017 as Approved and Filed.

In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience for the next three years comparing the actual results to the results that the Company projected in justifying the rate increase. We would expect this filing to be made no later than April 1, 2020 and to include updated data through 2019.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Northwestern Long Term Care Insurance Company	68.000%	27.000%	\$1,304,267	1,971	\$4,830,620	30.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Filing Status	Received & Acknowledged	Yes
Supporting Document (revised)	Policyowner Notification Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Personalized Options Form	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	VA Response Letter dated 04102017	Received & Acknowledged	Yes
Supporting Document	RS.LTC.(1101) Current Rates	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes

SERFF Tracking #:

NWST-130932376

State Tracking #:

NWST-130932376

Company Tracking #:

2016 LTC RISK MITIGATION RS RATES -
PO...

State: Virginia

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2016 LTC Risk Mitigation

Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Policyowner Notification Letter	Withdrawn	Yes
Supporting Document	Personalized Options Form	Withdrawn	Yes
Supporting Document	Personalized Options Form	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Form (revised)	Policyowner Notification Letter	Filed	Yes
Form (revised)	Personalized Options Form	Approved	Yes
Form (revised)	Policyowner Notification Letter (Waiver)	Filed	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Policyowner Notification Letter (Waiver)	Withdrawn	Yes
Form	Policyowner Notification Letter (Waiver)	Withdrawn	Yes
Form	Policyowner Notification Letter (Waiver)	Withdrawn	Yes
Rate	Rates for RS.LTC.(1101), RS.LTC.(0807) and RS.LTC.(0708)	Approved	Yes

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
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 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Disposition

Disposition Date: 11/03/2017

Implementation Date:

Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience for the next three years comparing the actual results to the results that the Company projected in justifying the rate increase. We would expect this filing to be made no later than April 1, 2020 and to include updated data through 2019.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Northwestern Long Term Care Insurance Company	68.000%	27.000%	\$1,304,267	1,971	\$4,830,620	30.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Filing Status	Received & Acknowledged	Yes
Supporting Document (revised)	Policyowner Notification Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Personalized Options Form	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	VA Response Letter dated 04102017	Received & Acknowledged	Yes
Supporting Document	RS.LTC.(1101) Current Rates	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Policyowner Notification Letter	Withdrawn	Yes

SERFF Tracking #:

NWST-130932376

State Tracking #:

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Company Tracking #:

2016 LTC RISK MITIGATION RS RATES -
PO...

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Filing Company: Northwestern Long Term Care Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Personalized Options Form	Withdrawn	Yes
Supporting Document	Personalized Options Form	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Form (revised)	Policyowner Notification Letter	Filed	Yes
Form (revised)	Personalized Options Form	Approved	Yes
Form (revised)	Policyowner Notification Letter (Waiver)	Filed	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Policyowner Notification Letter	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Personalized Options Form	Withdrawn	Yes
Form	Policyowner Notification Letter (Waiver)	Withdrawn	Yes
Form	Policyowner Notification Letter (Waiver)	Withdrawn	Yes
Form	Policyowner Notification Letter (Waiver)	Withdrawn	Yes
Rate	Rates for RS.LTC.(1101), RS.LTC.(0807) and RS.LTC.(0708)	Approved	Yes

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 10/03/2017
Submitted Date 10/03/2017
Respond By Date

Dear Annette HuttI,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your response. Please provide the spreadsheet "TT Exhibit 1 Loss Ratios (VA) 20170831.xlsx" with the pricing loss ratio calculated using an interest rate equal to the average statutory maximum valuation interest rate and including the Margin for Adverse Experience. For the 58%/85% Loss Ratio Test, please substitute this new loss ratio for the 58% in the test. In addition, if this new loss ratio is greater than 85%, please substitute the new loss ratio for the 85%.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 09/21/2017
Submitted Date 09/21/2017
Respond By Date

Dear Annette HuttI,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

This correspondence is related to the policyholder letters and Statement of Variability which require a few minor changes. The response to objection six remains under review.

Objection 1

- Statement of Variability (Supporting Document)
- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

Comments: The revised policyholder letter attached today includes the letter and the 90-2578 LTC Options Form (0417). These are two separate forms and may not be attached together. Please reattach the letter as a separate item.

Unless you've made a change to the Personalized Options Form attached on 8/10/2017, this form does not need to be re- attached.

There is a typo regarding 90-2578 LTC Options Form (04/17). It actually reads as 90-2579 LTC Options Form (04/17).

Please add an explanation for [00%] at the top of page 2 on the Statement of Variability.

Objection 2

- Statement of Variability (Supporting Document)
- Policyowner Notification Letter (Waiver), 90-2578 LTC (Waiver) (0417) (Form)

Comments: Although the paragraph regarding the disclosures begins with "Important information" and is italicized, it may not bring enough attention that options may not be of equal value or the loss of partnership status may reduce protections. Please bold that particular language in that section or perhaps enlarge the type of the Important information wording. Attention needs to be drawn to these disclosures.

As previously stated, the waiver letter must contain the same information as set forth in 14VAC5-200-75 D. Simply referencing contingent benefit upon lapse option without any explanation does not satisfy the regulation. Please expand the language regarding this option.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 08/31/2017
Submitted Date 08/31/2017
Respond By Date

Dear Annette HuttI,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- Statement of Variability (Supporting Document)
- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

Comments: There is a slight inconsistency between the bracketed language in the letter and what appears in the Statement of Variability (SOV) regarding the Automatic Additional Purchase Benefit on page Please amend the SOV accordingly.

Please amend the SOV to include an explanation for the [00%] that appears under the column entitled "Premium Increase Amount" on page 2 of the letter.

The letter includes a bracketed paragraph regarding policies on waiver at the end of page 2. Since the company has created a separate letter for waiver, should this not be removed?

Please remove the beginning bracket from the sentence that begins with Next Steps and add an ending bracket to "anniversary date" and remove the word "include" which is not needed.

Page 6 of the letter has the Long Term Care Partnership Policy Change Disclosure bracketed. The SOV should be updated to include an explanation for when this will appear or will not appear in the letter.

Objection 2

- Statement of Variability (Supporting Document)
- Policyowner Notification Letter (Waiver), 90-2578 LTC (Waiver) (0417) (Form)

Comments: Please update the SOV for this letter to explain the bracketed language [Policy Benefit].

The waiver letter is required to include the same information as set forth in 14VAC5-200-75 D. Please include the following information:

Please state that in the event of a future increase, similar options will be available and that the option to change benefits is available at any time.

Please include the required language which states the rate increase was reviewed and approved by Virginia's State Corporation Commission.

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Please include the Contingent Benefit Upon Lapse option.

Please include the required statement that the insured has a right to a revised rate or premium schedule upon request.

Please include and emphasize the disclosure that all options may not be of equal value.

Please include and emphasize the disclosure that in the case of a partnership policy, some benefit reduction options may result in the loss of partnership status that may reduce policyholder protections.

Objection 3

- Statement of Variability (Supporting Document)

Comments: Please add to the end of the SOV for 90-2578 LTC Options Form (0417), an explanation for the bracketed information on page 3 for [Policyholder Name] and LTC[xxxxxxx].

We assume this information will be prefilled when the form is provided to the insured. Is that correct?

Objection 4

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Thank you for updating the Rate Request Summary. The Average Requested rate change is listed as 27.2% which is slightly different than what appears in the Rate/Rule Schedule which indicates 27% and the Actuarial Memorandum. For consistency please update the Rate Request Summary to reflect 27%. I apologize for not bringing this to your attention previously.

Objection 5

- Rates for RS.LTC.(1101), RS.LTC.(0807) and RS.LTC.(0708), [RS.LTC.(1101), RS.LTC.(0807), RS.LTC.(0708)] (Rate)

Comments: Please attach to Supporting Documentation a copy of the current rates for these policies.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1) In the file, VA Response Letter Dated 04102017 RS RATES - Post.pdf, your response to item 5.a indicated that the initial expected loss ratio is 70%. Item 5.b indicated that there was no margin for adverse experience (MAE). MAE is required for Post-Rate Stability filings. In Northwestern Long Term Care Insurance Companys filing NWST-130932377, the statement is made that there is no MAE but there is a 25% margin. If the same situation (that is, there is no MAE but there is a margin) occurs in this filing, please include the margin as the MAE. Please use the initial 70% loss ratio and the MAE to calculate the total Expected Loss Ratio.

Please amend the Actuarial Memorandum.

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2) In the Actuarial Memorandum and in the supporting Loss Ratio calculation, you refer to the 58%/85% Loss Ratio Test to justify the amount of the requested rate increase. Please use the Expected Loss Ratio, including the MAE, that was intended for the policy forms in this filing, rather than the 58% as in the title of this Loss Ratio Test. Also, if the Expected Loss Ratio is greater than 85%, please use the Expected Loss Ratio, rather than the 85%, in the Loss Ratio Test.

Please submit an amended Actuarial Memorandum and a copy of the Loss Ratio Test. The Loss Ratio test should be submitted as an unprotected Excel file with all formulas visible.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
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Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 07/31/2017
Submitted Date 07/31/2017
Respond By Date

Dear Annette HuttI,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your response to our recent letter regarding the policyholder notification package. This correspondence is in regard to your recent response to our previous objection letter regarding the policyholder notification letter. The rate increase proposal remains under review and any questions regarding that will be sent under a separate letter.

Objection 1

- Personalized Options Form (Supporting Document)

Comments: Since form 90-2578 LTC Options Form (0417) will be attached and become a part of the policy, please move this form to the Form Schedule for review and approval.

Please expand the language to state the coverage under the under the Contingent Benefit Upon Lapse/Non-Forfeiture Option may be equal to the total premiums paid but no less than no less than 30 times the daily nursing home benefit at the time of lapse pursuant to 14VAC5-200-185 E 3. In no event will the paid up value exceed the maximum benefits which would be payable if the policy had remained in a premium paying status pursuant to 14VAC5-200-185 F.

Objection 2

- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

Comments: We apologize our objection two was unclear. It appears we referred to page 3 rather than page 4 in our previous objection.

Based on your response, the Company will convert the policy to a paid up status if the client requests it. If not, the Company is waiting the 120 days from the date of lapse to process this change if this occurs under the Contingent Benefit Upon Lapse option. Our concern was that the letter implied on page 4 that if there was no response from the insured and the premium was not paid by the due date, the Company assumed the client had selected the Contingent Benefit Upon Lapse or Non-Forfeiture Option and would process the change immediately. The paragraph does refer to the benefit "as described in the Personalized Options Form" which provides that additional information and resolves our concern; however, should this not be referring to the Policy Change Options section in the letter rather than the enclosed form?

Because the coverage under the under the Contingent Benefit Upon Lapse/Non-Forfeiture Option may not be equal to the total premiums paid, the "Important Information Regarding [Contingent Benefit Upon Lapse/Non-Forfeiture Option] should indicate the value will be equal to the premiums paid and no less than 30 times the daily nursing home benefit at the time of lapse pursuant to 14VAC5-200-185 E 3; in no event will the paid up value exceed the maximum benefits which would be payable if the policy had remained in a premium paying status pursuant to 14VAC5-200-185 F. This would be consistent with the same language as noted on page 5 of the letter.

Objection 3

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

- Statement of Variability (Supporting Document)
- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

Comments: It appears the language "Next Steps - Decision required by [include anniversary date]" will appear if the policy is not on waiver. If so, please amend the Statement of Variability (SOV) to include a separate explanation that states this language will always unless the policy is on waiver.

As a result of this change, add a beginning and ending bracket to the paragraph the begins with "No Action is needed...." and ends with ends with "....to revise the payment amount" in the letter. The explanation in the SOV would state this section will not appear if the policy is in a non-premium paying status.

Add a beginning bracket to the paragraph that begins with "Use the enclosed Personalized Option Form..." with the ending bracket after the last paragraph in this section that ends with the wording "Personalized Options Form." The SOV would state this section of the letter will not appear if the policy is in a non-premium paying status.

Objection 4

- Long Term Care Insurance Rate Request Summary (Supporting Document)
- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

Comments: The Company has indicated in the letter the reason for the rate increase are that claims are anticipated to be significantly higher than what the company originally projected when the policy was priced. According to the Rate Request Summary this is mainly due to longer claim continuance with a great effect on longer benefit periods, combined with lower lapse and mortality rates. Please put this explanation in consumer friendly language in both the letter and Rate Rule Summary o that the insured understands the drivers of the increase. Below is an example of such wording:

Our rates are based on assumptions regarding persistency (how long the policy stays in force), mortality (at what rate deaths occur), and voluntary lapses (when an insured voluntarily terminates his policy). Actual results are much higher than anticipated when the policy was originally priced which means that individuals are living longer and keeping their policies in force longer which results in more claims incurred. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Objection 5

- Statement of Variability (Supporting Document)

Comments: The SOV has an explanation for [Enclosures: Policy Change Options and Personalized Option Forms]. Since the Policy Change Options is part of the letter and not an enclosure, this reference should be removed.

Since the Policy Change Option Section will not be included in the letter, beginning and ending brackets will need to be added to this section and an explanation included in the SOV.

Please attach a John Doe letter that will be sent to those on waiver to Supporting Documentation. At what point will those insureds be allowed to select an option to reduce the effects of the rate increase? Those on waiver must be provided at least a 75 day notice pursuant to 14VAC5-200-75 D.

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

The SOV has an explanation for [policy anniversary]. Should this not be for [anniversary date] on page 6 of letter?

Is there a standard minimum daily or monthly benefit that a policy must have? If so, please include that information in the SOV.

Where the company has added "Personalized Options Form starts here" in the SOV, please add the form number 90-2579 LTC Options Form (04/17).

Please add to the explanation for Partnership Disclosure Language, such language will only appear if this is a partnership policy. Since this is the case, the bracket after the heading is not needed and should be removed in the letter.

Objection 6

- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

Comments: Please replace the word "commission" in the next to last paragraph to state the rate increase was reviewed by Virginia's State Corporation Commission."

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 07/05/2017
Submitted Date 07/05/2017
Respond By Date

Dear Annette HuttI,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information regarding the policyholder letter and forms. Before further consideration may be given, this new information presents the following concerns and /or questions. As stated in my phone message today, the proposed rate increase for all four rate filings remain under review. As soon as an update is available, the company will be notified.

Objection 1

Comments: Thank you for your explanation regarding how the policy is updated. In this case, however, we are assuming for the purposes of this rate increase and the corresponding letter, only form 90-2578 LTC Options (0417) will be enclosed with the letter and neither of the two forms mentioned: 90-2579 LTC(0417) and 90-1279 LTC (1014). Please confirm.

According to your response, the Company will follow its standard Policy Change procedure which includes sending the policyowner an amended Benefits and Premium policy page. If the policy page was originally approved for benefit changes after the policy's original effective date, please provide a copies of that approval and of the policy form. If the amended policy page was not originally approved for such changes, it will need to be submitted as a new form for review and approval including a statement of variability. As stated in our previous objection letter, the document must be dated or have an indication of the effective date of change in policy benefits, state a change has been made to the policy and this new document is made a part of the contract. Our objection could also be resolved if the application as noted above is attached and made of part of the policy. No other requirements would be needed.

Objection 2

- Policyowner Notification Letter (Supporting Document)

Comments: The letter states that if the company does not hear from the policyholder and does not receive the increased premium by the premium due date, the company will assume the insured has selected either the Contingent Benefit Upon Lapse or Non-Forfeiture Option. In this event, will the company not send out a lapse notice and allow policy reinstatement if requested? 14VAC5-200-185 D 5 c requires that a default or lapse within 120 days of the due date of the premium increase shall be deemed to be the election of the offer to convert to a contingent benefit upon lapse benefit. Assuming this election as of the premium due date would not be in compliance with the regulation. Please resolve.

On page 6 of the letter under Important Information Regarding [Contingent Benefit upon Lapse/Non-Forfeiture Option], the letter has a bracketed sentence [within 120 days of your policy anniversary date of [anniversary date]] on page 3. The Statement of Variability indicates this statement will only be included if a policy has not had a non-forfeiture benefit (NFB) from the policy effective date since NFB is allowed to be activated at any time. This appears to conflict with the page 3. Please resolve.

Objection 3

- Policyowner Notification Letter (Supporting Document)

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: The second paragraph on page 6 states the insured should refer to the New Premium listed for each available change on the policy pages. It may be clearer if it referred to the Personalized Options Form which is a separate document from the letter.

Objection 4

- Policyowner Notification Letter (Supporting Document)
- Personalized Options Form (Supporting Document)
- Statement of Variability (Supporting Document)

Comments: 1) On page 3 in the policyowner notification letter, the following is bracketed: [If on claim leave the proceeding heading and this section off the letter]. Since we can only review the final version of the letter, this explanation should only appear in the Statement of Variability (SOV) and be removed from the letter. Beginning and ending brackets should be added to the entire section in the letter to which this explanation applies. This would also apply to the following which should be removed from the policyowner letter: [only include if policy has ABI]; [only include if have inflation protection]; [only include second sentence if policy doesn't have an NFB benefit]; [only include if have NFB]; [only include if have Survivorship]

2) Please include a minimum and maximum range for the variability on page 4 of the policyowner letter regarding the [25 days prior to anniversary date] in the SOV.

3) Please provide a separate statement of variability for Personalized Options Form or indicate on the existing SOV where that variability is included. Please include the following:

- a) *an explanation for [888-888-8888] on page 1 of the form*
- b) *an explanation for [Maximum Daily Limit (MDL)/[Maximum Monthly Limit (MML)] on page 1 under Policy Benefit Change.*
- c) *an explanation for [MDL/MMD] under Description on page 1*
- d) *insert new premium in brackets to Personalized Option Form on page 4 for last benefit period that reduces the minimum length of time the policy will pay benefits*

3) Pursuant to 14VAC5-100-50 5, a type size of at least 10 point is required. Please confirm the policyowner letter will satisfy this requirement.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Janet Houser*

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 03/21/2017
Submitted Date 03/21/2017
Respond By Date

Dear Annette Huttli,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

A preliminary rate review of the submitted filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information. Your March 20th response regarding the policyholder letter is currently under review.

1. Please provide assurances that the assumptions used in the projections are no more conservative (i.e. do not produce a higher loss ratio) than used in the company's prior year's asset adequacy testing. Please also confirm if margins are added to the assumptions outlined in section 10 (Actuarial Assumptions – Updated) within the projections. If margins are included, please describe them.

2. Please also provide brief commentary as to the relationship of the "repriced" morbidity, lapse and mortality assumptions vs. those submitted in the recent Virginia rate filing (SERFF #: NWST-130675505) for form UU.LTC(1014)REV.

3. The actuarial memorandum includes several references to policies that are no longer paying premiums. Does this solely refer to the Paid-up Nonforfeiture Benefit or the Survivorship Benefit? Please confirm if a portion of the policies were issued on a limited pay basis. What payment periods were available? Please indicate what portion of the block is paid up as of the date of the analysis 12/31/15.

4. Please confirm the treatment of the waiver of premium benefit within the loss ratio exhibit.

5. It was indicated that the restated lifetime pricing loss ratio, after adjusting to the maximum valuation interest rate is 70%.

a. Did this include any anticipated dividends?

b. Does this reflect the same distribution of business as assumed in pricing?

c. Did this include the margin for adverse deviation discussed above?

6. Per 14VAC5-200-153 B 3.f, the actuarial memorandum should include "a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted".

a. Please identify the composite margin that was included in the initial pricing.

b. Please clearly identify how the demonstration supports this requirement, or include additional supporting exhibits if needed.

7. The Distribution of Business by Plan indicates that 68% of the inforce policies have elected the "Automatic Additional Purchase Benefit" Indexing option. What portion of these policies have purchased additional coverage? What behavior is assumed in the projections (both with and without rate increase)?

8. The actuarial memorandum indicates a contingent benefit upon lapse will be offered to all policyholders if a rate increase is approved, as well as other various benefit reduction options. Please provide the assumptions with respect to the election of these various options in the "with rate increase" projections of the Exhibits, if any.

9. The actuarial memorandum, section 2 a, indicates a comparison is provided to rates for new business in the file "Premium Rate

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Compare RS post rate after increase to UU2016(0916) VA". Virginia rate filing (SERFF #: NWST-130675505) for form UU.LTC(1014)REV was approved 11/4/16, and would appear to be the most recent new business rates available in Virginia, but reflects a different form number. Please explain which rates are used in this comparison, and indicate if comparison to the recent Virginia filing would change the results of the comparison.

10. The Company indicates that its experience is not credible for use in determining projection morbidity assumptions. A comparison of historical experience was provided for claim incidence, claim termination and claim utilization assumptions. As a result of these studies, the following conclusion was noted: "our overall morbidity experience to-date, although limited and not credible, does not call into question the validity of the 2014 Milliman Guidelines for this block of business." The study of actual to Milliman (expected) showed the following ratios:

- a. Incidence – overall A/E of 90%, but the slope of the table did not appear to be a good fit, with A/E increasing by policy duration for the issue ages with most claims exposure from the low 50%'s to near 120%. The issue age block with most policies has A/E of 70%;
- b. Resolutions – overall A/E of 77%, reflecting 965 actual resolutions, fairly consistent across all claim months;
- c. Utilization – overall A/E of 85%

These ratios deviate sufficiently from the mean to lead to an expectation of additional adjustments to the indicated Milliman morbidity assumptions, even if only to reflect partial credibility. Please provide any additional studies or sensitivity tests that supported the final morbidity assumptions as a best estimate that reflected reasonable fit with historical experience.

11. Please provide a breakdown of the historical incurred claims by calendar year to reflect the portion already paid vs. the portion still estimated (PVANYD reserve). Please indicate the margin, if any, included in the estimated amounts.

12. Unusual fluctuations were noted in the incurred claims for 2009, 2011 through 2015. Please indicate if this is the result of claim reserve strengthening, claim incidence fluctuations, or other cause. If claim reserves were strengthened, please address how this may have impacted the analysis of the fit of the morbidity data and projection assumptions.

13. Please provide additional description of the projected mortality rates. How do the ultimate rates and improvement scale compare to a published industry table?

14. Per 14VAC5-200-153 B, the insurer may request a rate schedule increase less than what is required if the actuarial memorandum discloses the premium rate schedule increase that would be necessary to make the certification in subdivision 2a of the subsection. The actuarial memorandum includes such as disclosure and identifies the rate increase that would be required as 68%. Please indicate the criteria used to determine the 68% increase, including the margins assumed in this calculation.

15. Rate increases were requested on a basis that varies by policy benefit period. Please provide analysis that specifically supports the determination of the rate increases by benefit period.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 03/02/2017
Submitted Date 03/02/2017
Respond By Date

Dear Annette HuttI,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

A preliminary review of the policyholder letter in the submitted filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information.

In the meantime, the proposed rate increase is currently under review and any concerns will be addressed in a separate letter.

Objection 1

- Policyowner Notification Letter (Supporting Document)

Comments: 1) Because the policyholder letter must now be "filed" pursuant to 14VAC5-200-75 D, please attach the letter to the Form Schedule in SERFF. The letter only needs to be filed once provided there is sufficient variability to use the letter with other rate filings. Therefore, it is not necessary to attach the letter to the Form Schedule to any other rate filing.

2) When attaching the letter to the Form Schedule, it should be in its final version on letterhead paper. Please attach a statement of variability to Supporting Documentation in SERFF.

3) Please attach a Certification of Compliance pursuant to 14VAC5-100-40 3.

4) For compliance with 14VAC5-200-75 A, please address the following:

A 2 - The letter should contain a statement that similar options will be available in the future in the event of a rate increase and that benefits may be changed at any time.

A 3 - Please include the percentage of the rate increase that is being applied to the policy in addition to the dollar amount.

A 4 b - Please include a statement that the insured has a right to a revised premium rate or rate schedule upon request.

5) For compliance with 14VC5-200-75 D, please address the following:

D 2 b - Please include a disclosure stating that all options available may not be of equal value. Since this is a disclosure this information should be emphasized such as by bolding, highlighting, or using larger print.

D 4 - Replace the paragraph on page 3 regarding the State Health Insurance Assistance Program with the language as set forth in the regulation.

Objection 2

- Policyowner Notification Letter (Supporting Document)

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: The Personalized Options Form is designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. In other words, a form should always remain complete; by removing pages, the form becomes incomplete. As a result, please make the Personalized Options Form a separate form and attach it to Supporting Documentation for review if this form will not be attached to the insured's contract. If the form becomes a part of the policy, the form should be attached to the Form Schedule for review and approval.

Since this section may not be a part of the letter, the letter would need to be revised to include a disclosure that in the case of the partnership policy that some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections pursuant to 14VAC5-200-75 D 2 c. As a disclosure the information should be emphasized such as with bolding, highlighting or using larger print.

Objection 3

- Policyowner Notification Letter (Supporting Document)

Comments: Please address the following concerns with the Policy Change Options contained in the policyholder letter:

- 1) The Company refers to [Contingent] Non-Forfeiture Option. To avoid confusion between a contingent non-forfeiture benefit and a contractual non-forfeiture benefit which was purchased, please use the term "Contingent Benefit Upon Lapse" (CBUL) for consistency with the language in 14VAC5-200-185. Please state the paid up value for either benefit is based on the premiums paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. We assume either the CBUL or the contractual nonforfeiture option will appear in the letter and such variability should be noted on a Statement of Variability. This concern would also apply to the Personalized Option Form.*
- 2) Please confirm the Contingent Benefit Upon Lapse option will be administered according to 14VAC5-200-185 D 2 as revised effective September 1, 2015 for policyholders with a lifetime premium benefit and 14VAC5-200-185 D 4 for policyholders with a fixed or limited premium payment period. Will this benefit be offered to all policyholders regardless if the triggers have not yet been met as set forth in the regulation?*
- 3) Please confirm that in the event the reduction in coverage involves the reduction or elimination of the inflation protection provision, the insurer will allow the policyholder to continue the benefit amount in effect at the time of the reduction.*
- 4) The bottom of the Policy Change Options section indicates there are three pages; however, only two were included. Is a page missing? If this is all part of the same form, why are the page numbers not consecutive or should this section of the letter have a separate form number? If that is the case, please add a new form number to the lower left hand corner of the form and attach a copy to the Form Schedule for review. Please also confirm this is a part of the policyholder notification package and will always be included with the letter. A Certification of Compliance will also be required.*

Objection 4

- Policyowner Notification Letter (Supporting Document)

Comments: Please explain how a policy is updated to reflect any benefit changes the insured may choose to reduce the effects of the rate increase. If the policy is revised or changed in any way, the policyowner must first agree to the changes and the policy

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned at 804-371-9390.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Janet Houser*

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/04/2017
Submitted Date	10/04/2017

Dear Janet Houser,

Introduction:

Good morning,

Response 1

Comments:

As mentioned in your Note to Filer we will disregard the 10/3/17 objection letter. We understand that it was meant for NWS-130832377.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions or need additional information, please feel free to contact me AT 414-665-1859.

Sincerely,

Annette HuttI

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/29/2017
Submitted Date 09/29/2017

Dear Janet Houser,

Introduction:

Good evening,

Response 1

Comments:

We have removed the 90-2578 LTC Options Form (0417) from the revised policyowner notification letter. We apologize for this oversight. Since 90-2578 LTC Options Form did not change it has not been reattached.

We corrected the form number of the 90-2578 LTC Options Form on the SOV. We also added an explanation for the {00%}.

Related Objection 1

Applies To:

- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)
- Statement of Variability (Supporting Document)

Comments: The revised policyholder letter attached today includes the letter and the 90-2578 LTC Options Form (0417). These are two separate forms and may not be attached together. Please reattach the letter as a separate item.

Unless you've made a change to the Personalized Options Form attached on 8/10/2017, this form does not need to be re- attached.

There is a typo regarding 90-2578 LTC Options Form (04/17). It actually reads as 90-2579 LTC Options Form (04/17).

Please add an explanation for [00%] at the top of page 2 on the Statement of Variability.

Changed Items:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 (Waiver) SOV (VA) rev092817.pdf 90-2578 SOV (VA) rev090817 (2).pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) rev090817.pdf 90-2578 (Waiver) SOV (VA) rev090817.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 080417.pdf 90-2578 (Waiver) SOV (VA).pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 071217.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA).pdf

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) Rev090817 (2).pdf	Date Submitted: 09/29/2017 By: Annette Huttl
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) Rev090817.pdf	Date Submitted: 09/21/2017 By: Annette Huttl
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette Huttl
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette Huttl
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Olski

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have revised the 90-2578 LTC Waiver (0417) form to bold the "Important Information" paragraph and to expand the language regarding the contingent benefit upon lapse language. We also revised the corresponding SOV to include the bracketed item in this revised language.

Related Objection 2

Applies To:

- Policyowner Notification Letter (Waiver), 90-2578 LTC (Waiver) (0417) (Form)
- Statement of Variability (Supporting Document)

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: Although the paragraph regarding the disclosures begins with "Important information" and is italicized, it may not bring enough attention that options may not be of equal value or the loss of partnership status may reduce protections. Please bold that particular language in that section or perhaps enlarge the type of the Important information wording. Attention needs to be drawn to these disclosures.

As previously stated, the waiver letter must contain the same information as set forth in 14VAC5-200-75 D. Simply referencing contingent benefit upon lapse option without any explanation does not satisfy the regulation. Please expand the language regarding this option.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 (Waiver) SOV (VA) rev092817.pdf 90-2578 SOV (VA) rev090817 (2).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>90-2578 SOV (VA) rev090817.pdf 90-2578 (Waiver) SOV (VA) rev090817.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>90-2578 SOV (VA) 080417.pdf 90-2578 (Waiver) SOV (VA).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>90-2578 SOV (VA) 071217.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>90-2578 SOV (VA).pdf</i>

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Waiver) (0417) VA rev092817.pdf	Date Submitted: 09/29/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Wavier) (0417)rev090817.pdf	Date Submitted: 09/21/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Waiver) (0417) (VA).pdf	Date Submitted: 08/10/2017 By: Annette HuttI

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions or need additional information, please feel free to contact me at 414-665-1859.

Sincerely,
Annette HuttI

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/12/2017
Submitted Date 09/21/2017

Dear Janet Houser,

Introduction:

Good morning,

Response 1

Comments:

The Policyowner Notification Letter and corresponding SOV has been revised as requested.

Related Objection 1

Applies To:

- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)
- Statement of Variability (Supporting Document)

Comments: There is a slight inconsistency between the bracketed language in the letter and what appears in the Statement of Variability (SOV) regarding the Automatic Additional Purchase Benefit on page Please amend the SOV accordingly.

Please amend the SOV to include an explanation for the [00%] that appears under the column entitled "Premium Increase Amount" on page 2 of the letter.

The letter includes a bracketed paragraph regarding policies on waiver at the end of page 2. Since the company has created a separate letter for waiver, should this not be removed?

Please remove the beginning bracket from the sentence that begins with Next Steps and add an ending bracket to "anniversary date" and remove the word "include" which is not needed.

Page 6 of the letter has the Long Term Care Partnership Policy Change Disclosure bracketed. The SOV should be updated to include an explanation for when this will appear or will not appear in the letter.

Changed Items:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) rev090817.pdf 90-2578 (Waiver) SOV (VA) rev090817.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 080417.pdf 90-2578 (Waiver) SOV (VA).pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 071217.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA).pdf

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) Rev090817.pdf	Date Submitted: 09/21/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Olski

No Rate/Rule Schedule items changed.

Response 2

Comments:

The Policyowner Notification Letter (Waiver) and corresponding SOV has been revised as requested.

Related Objection 2

Applies To:

- Statement of Variability (Supporting Document)
- Policyowner Notification Letter (Waiver), 90-2578 LTC (Waiver) (0417) (Form)

SERFF Tracking #: NWST-130932376 **State Tracking #:** NWST-130932376 **Company Tracking #:** 2016 LTC RISK MITIGATION RS RATES - PO...

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: Please update the SOV for this letter to explain the bracketed language [Policy Benefit].

The waiver letter is required to include the same information as set forth in 14VAC5-200-75 D. Please include the following information:

Please state that in the event of a future increase, similar options will be available and that the option to change benefits is available at any time.

Please include the required language which states the rate increase was reviewed and approved by Virginia's State Corporation Commission.

Please include the Contingent Benefit Upon Lapse option.

Please include the required statement that the insured has a right to a revised rate or premium schedule upon request.

Please include and emphasize the disclosure that all options may not be of equal value.

Please include and emphasize the disclosure that in the case of a partnership policy, some benefit reduction options may result in the loss of partnership status that may reduce policyholder protections.

Changed Items:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) rev090817.pdf 90-2578 (Waiver) SOV (VA) rev090817.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 080417.pdf 90-2578 (Waiver) SOV (VA).pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 071217.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA).pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Wavier) (0417)rev090817.pdf	Date Submitted: 09/21/2017 By: Annette Huttli
<i>Previous Version</i>								
1	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Waiver) (0417) (VA).pdf	Date Submitted: 08/10/2017 By: Annette Huttli

No Rate/Rule Schedule items changed.

Response 3

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments:

The end of the SOV for 90-2579 LTC Options Form (0417) has been revised to explain the bracketed information on page 3. Yes, this information will be prefilled when the form is provided to the Insured.

Related Objection 3

Applies To:

- Statement of Variability (Supporting Document)

Comments: Please add to the end of the SOV for 90-2578 LTC Options Form (0417), an explanation for the bracketed information on page 3 for [Policyholder Name] and LTC[xxxxxxx].

We assume this information will be prefilled when the form is provided to the insured. Is that correct?

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) rev090817.pdf 90-2578 (Waiver) SOV (VA) rev090817.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 080417.pdf 90-2578 (Waiver) SOV (VA).pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 071217.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA).pdf

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The Rate Request Summary has been updated accordingly and is attached under the 'Supporting Documentation' tab.

Related Objection 4

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Thank you for updating the Rate Request Summary. The Average Requested rate change is listed as 27.2% which is slightly different than what appears in the Rate/Rule Schedule which indicates 27% and the Actuarial Memorandum. For consistency please update the Rate Request Summary to reflect 27%. I apologize for not bringing this to your attention previously.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Summary Part 1-RS post Rate Stabilization rev081017.pdf VA Rate Request Summary Part 1-RS post Rate Stabilization REV.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Rate Request Summary Part 1-RS post Rate Stabilizatoin.pdf Summary Part 1-RS post Rate Stabilization rev081017.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Rate Request Summary Part 1-RS post Rate Stabilizatoin.pdf Summary Part 1-RS post Rate Stabilization.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Response 5

Comments:

The current rates for RS.LTC.(1101) are attached under the 'Supporting Documentation' tab. Please note that the rates did not change for RS.LTC.(0807) and RS.LTC.(0708). They use the same rates as RS.LTC.(1101).

Related Objection 5

Applies To:

- Rates for RS.LTC.(1101), RS.LTC.(0807) and RS.LTC.(0708), [RS.LTC.(1101), RS.LTC.(0807), RS.LTC.(0708)] (Rate)

Comments: Please attach to Supporting Documentation a copy of the current rates for these policies.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	RS.LTC.(1101) Current Rates
Comments:	
Attachment(s):	VA RS.LTC .(1101) Current Rates.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

1) Margin in current rate increase filing:

There is no margin included in the assumptions underlying this inforce rate increase filing. In addition, as described earlier, we are not asking for the entire increase that could be actuarially justified at this time and therefore if our rate increase is approved as requested it would not reestablish pricing margins, but would allow the company to enhance its claims paying ability.

This was described in the cover letter included in this filing and discussed in the response to the previous objection #14. We also had several phone calls with the Virginia Bureau of Insurance prior to the filing in the 4th quarter of 2016 making it clear that was our intention and there was no objection. Please let me know if you feel another phone call on this issue would be beneficial.

If we were to request the full rate increase needed to certify at some point in the future, it would be our intention to include a margin for adverse experience at that time. Also, as noted in our response to the previous objection #14, the average rate increase we feel we would need to certify to rate stability today on these policy forms is 68% which was developed based on a morbidity margin of 7%.

Margins in original pricing:

The original RS (1101) policy form was priced, filed, and approved for sale prior to the rate stability regulations going into effect in Virginia on October 1, 2003, and did not have any explicit margins for moderately adverse experience at that time.

However, shortly after we had originally filed the RS (1101) policy form we received updated morbidity assumptions from our consultant, Milliman, which showed a relative improvement in morbidity of roughly 15%. We also felt that our other non-morbidity assumptions were still reasonable and had not added to, or subtracted from, our overall level of margin. Therefore, we believed we had roughly 15% morbidity margin at the time we filed the RS (0807) & RS (0708) policy forms.

The RS(0807) version was filed to comply with 14 VAC 5-200. The RS (0708) policy form introduced some contract clarifications and enhancements, and at the same time, we made any significant enhancements apply retroactively to the previous version of the RS policy form as well. The contract enhancements included easier ways to meet the elimination period and qualify for premium waiver, addition of a Hospice Care benefit, and the addition of Claim Assistance Services. Since these were relatively small contractual benefit enhancements only, the premiums remained unchanged from the RS (1101) policy form.

2) The 58%/85% loss ratio test has been changed to a 61%/85% loss ratio test, to reflect the originally anticipated loss ratio of 61% for the RS policy form. Note that the 70% loss ratio mentioned above was not the originally anticipated loss ratio but rather the loss ratio restated based on maximum average valuation interest rate of 4%. The calculation is included in the attached RS(post-rate stability) Exhibit 1 Loss Ratios (VA) 20170831.xlsx, for both nationwide and Virginia-only. A revised Actuarial Memorandum also reflects this change.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

SERFF Tracking #: NWST-130932376 **State Tracking #:** NWST-130932376 **Company Tracking #:** 2016 LTC RISK MITIGATION RS RATES - PO...

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: 1) In the file, VA Response Letter Dated 04102017 RS RATES - Post.pdf, your response to item 5.a indicated that the initial expected loss ratio is 70%. Item 5.b indicated that there was no margin for adverse experience (MAE). MAE is required for Post-Rate Stability filings. In Northwestern Long Term Care Insurance Company's filing NWST-130932377, the statement is made that there is no MAE but there is a 25% margin. If the same situation (that is, there is no MAE but there is a margin) occurs in this filing, please include the margin as the MAE. Please use the initial 70% loss ratio and the MAE to calculate the total Expected Loss Ratio.

Please amend the Actuarial Memorandum.

2) In the Actuarial Memorandum and in the supporting Loss Ratio calculation, you refer to the 58%/85% Loss Ratio Test to justify the amount of the requested rate increase. Please use the Expected Loss Ratio, including the MAE, that was intended for the policy forms in this filing, rather than the 58% as in the title of this Loss Ratio Test. Also, if the Expected Loss Ratio is greater than 85%, please use the Expected Loss Ratio, rather than the 85%, in the Loss Ratio Test.

Please submit an amended Actuarial Memorandum and a copy of the Loss Ratio Test. The Loss Ratio test should be submitted as an unprotected Excel file with all formulas visible.

Changed Items:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Certification (RS post- rate) (VA).pdf VA Exhibit 2 Inforce Policies and Premium (RS Post-Rate Stabilization).pdf PREMCALC RR-RS (STD).pdf Experience Exhibits (VA).pdf Inforce Filing Act Memo Cover Letter (VA) RS.pdf ACTMEMO Update (RS Post-Rate Stabilization) (VA) 20170831.pdf Premium Rate Compare RS post rate after increase to UU2016(1014)Rev VA.pdf RS(post-rate stability) Exhibit 1 Loss Ratios (VA) 20170831.xlsx
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Certification (RS post- rate) (VA).pdf RS(post-rate stability) Exhibit 1 Loss Ratios (VA).xlsx VA Exhibit 2 Inforce Policies and Premium (RS Post-Rate Stabilization).pdf PREMCALC RR-RS (STD).pdf Experience Exhibits (VA).pdf Inforce Filing Act Memo Cover Letter (VA) RS.pdf ACTMEMO Update (RS Post-Rate Stabilization) (VA) REV.pdf Premium Rate Compare RS post rate after increase to UU2016(1014)Rev VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	ACTMEMO Update (RS Post-Rate Stabilization) (VA).pdf Actuarial Certification (RS post- rate) (VA).pdf RS(post-rate stability) Exhibit 1 Loss Ratios (VA).xlsx VA Exhibit 2 Inforce Policies and Premium (RS Post-Rate Stabilization).pdf PREMCALC RR-RS (STD).pdf Premium Rate Compare RS post rate after increase to UU2016(0916) VA.pdf Experience Exhibits (VA).pdf Inforce Filing Act Memo Cover Letter (VA) RS.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions or need additional information, please feel free to contact me.

SERFF Tracking #: NWST-130932376 **State Tracking #:** NWST-130932376 **Company Tracking #:** 2016 LTC RISK MITIGATION RS RATES - PO...

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Sincerely,
Annette HuttI

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/10/2017
Submitted Date 08/10/2017

Dear Janet Houser,

Introduction:

Good morning,

Response 1

Comments:

We have moved the 90-2578 LTC Options Form (0417) to the 'Form Schedule' tab and have revised page 3 to include the language requested.

Related Objection 1

Applies To:

- Personalized Options Form (Supporting Document)

Comments: Since form 90-2578 LTC Options Form (0417) will be attached and become a part of the policy, please move this form to the Form Schedule for review and approval.

Please expand the language to state the coverage under the under the Contingent Benefit Upon Lapse/Non-Forfeiture Option may be equal to the total premiums paid but no less than no less than 30 times the daily nursing home benefit at the time of lapse pursuant to 14VAC5-200-185 E 3. In no event will the paid up value exceed the maximum benefits which would be payable if the policy had remained in a premium paying status pursuant to 14VAC5-200-185 F.

Changed Items:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	Personalized Options Form
Comments:	Moved to "Form Schedule" tab per request.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	Personalized Options Form
Comments:	
Attachment(s):	90-2578 LTC Options Form (VA) 071217.pdf
<i>Previous Version</i>	
Satisfied - Item:	Personalized Options Form
Comments:	
Attachment(s):	90-2578 LTC Options Form (VA).pdf

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have revised page 4 of the letter to refer to the Policy Change Options sections. We have revised page 5 to include the "30 times the daily nursing home..." language.

Related Objection 2

Applies To:

- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: We apologize our objection two was unclear. It appears we referred to page 3 rather than page 4 in our previous objection.

Based on your response, the Company will convert the policy to a paid up status if the client requests it. If not, the Company is waiting the 120 days from the date of lapse to process this change if this occurs under the Contingent Benefit Upon Lapse option. Our concern was that the letter implied on page 4 that if there was no response from the insured and the premium was not paid by the due date, the Company assumed the client had selected the Contingent Benefit Upon Lapse or Non-Forfeiture Option and would process the change immediately. The paragraph does refer to the benefit "as described in the Personalized Options Form" which provides that additional information and resolves our concern; however, should this not be referring to the Policy Change Options section in the letter rather than the enclosed form?

Because the coverage under the under the Contingent Benefit Upon Lapse/Non-Forfeiture Option may not be equal to the total premiums paid, the "Important Information Regarding [Contingent Benefit Upon Lapse/Non-Forfeiture Option] should indicate the value will be equal to the premiums paid and no less than 30 times the daily nursing home benefit at the time of lapse pursuant to 14VAC5-200-185 E 3; in no event will the paid up value exceed the maximum benefits which would be payable if the policy had remained in a premium paying status pursuant to 14VAC5-200-185 F. This would be consistent with the same language as noted on page 5 of the letter.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette Huttl
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette Huttl
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Oliski

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have revised the SOV and the bracketing.

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Related Objection 3

Applies To:

- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)
- Statement of Variability (Supporting Document)

Comments: It appears the language "Next Steps - Decision required by [include anniversary date]" will appear if the policy is not on waiver. If so, please amend the Statement of Variability (SOV) to include a separate explanation that states this language will always unless the policy is on waiver.

As a result of this change, add a beginning and ending bracket to the paragraph the begins with "No Action is needed...." and ends with ends with "...to revise the payment amount" in the letter. The explanation in the SOV would state this section will not appear if the policy is in a non-premium paying status.

Add a beginning bracket to the paragraph that begins with "Use the enclosed Personalized Option Form..." with the ending bracket after the last paragraph in this section that ends with the wording "Personalized Options Form." The SOV would state this section of the letter will not appear if the policy is in a non-premium paying status.

Changed Items:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 080417.pdf 90-2578 (Waiver) SOV (VA).pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 071217.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA).pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Olski

No Rate/Rule Schedule items changed.

Response 4

Comments:

We have revised the first page of the letter to include this language and the third paragraph of the Rate Rule Summary document.

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Related Objection 4

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)
- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

Comments: The Company has indicated in the letter the reason for the rate increase are that claims are anticipated to be significantly higher than what the company originally projected when the policy was priced. According to the Rate Request Summary this is mainly due to longer claim continuance with a great effect on longer benefit periods, combined with lower lapse and mortality rates. Please put this explanation in consumer friendly language in both the letter and Rate Rule Summary o that the insured understands the drivers of the increase. Below is an example of such wording:

Our rates are based on assumptions regarding persistency (how long the policy stays in force), mortality (at what rate deaths occur), and voluntary lapses (when an insured voluntarily terminates his policy). Actual results are much higher than anticipated when the policy was originally priced which means that individuals are living longer and keeping their policies in force longer which results in more claims incurred. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Rate Request Summary Part 1-RS post Rate Stabilizatoin.pdf Summary Part 1-RS post Rate Stabilization rev081017.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA Rate Request Summary Part 1-RS post Rate Stabilizatoin.pdf Summary Part 1-RS post Rate Stabilization.pdf

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Olski

No Rate/Rule Schedule items changed.

Response 5

Comments:

We have removed the bracketing and revised the SOV as requested. We have included under the 'Form Schedule' tab a copy of the policyowner notification letter that will be sent to those on waiver. A SOV has also been provided in the 'Supporting Documentation' tab.

Related Objection 5

Applies To:

- Statement of Variability (Supporting Document)

SERFF Tracking #:	NWST-130932376	State Tracking #:	NWST-130932376	Company Tracking #:	2016 LTC RISK MITIGATION RS RATES - PO...
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State:	Virginia	Filing Company:	Northwestern Long Term Care Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2016 LTC Risk Mitigation		
Project Name/Number:	2016 LTC Risk Mitigation/2016 LTC Risk Mitigation		

Comments: The SOV has an explanation for [Enclosures: Policy Change Options and Personalized Option Forms]. Since the Policy Change Options is part of the letter and not an enclosure, this reference should be removed.

Since the Policy Change Option Section will not be included in the letter, beginning and ending brackets will need to be added to this section and an explanation included in the SOV.

Please attach a John Doe letter that will be sent to those on waiver to Supporting Documentation. At what point will those insureds be allowed to select an option to reduce the effects of the rate increase? Those on waiver must be provided at least a 75 day notice pursuant to 14VAC5-200-75 D.

The SOV has an explanation for [policy anniversary]. Should this not be for [anniversary date] on page 6 of letter?

Is there a standard minimum daily or monthly benefit that a policy must have? If so, please include that information in the SOV.

Where the company has added "Personalized Options Form starts here" in the SOV, please add the form number 90-2579 LTC Options Form (04/17).

Please add to the explanation for Partnership Disclosure Language, such language will only appear if this is a partnership policy. Since this is the case, the bracket after the heading is not needed and should be removed in the letter.

Changed Items:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 080417.pdf 90-2578 (Waiver) SOV (VA).pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 071217.pdf
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA).pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Olski
2	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Waiver) (0417) (VA).pdf	Date Submitted: 08/10/2017 By: Annette HuttI

No Rate/Rule Schedule items changed.

Response 6

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments:

We have revised page 3 to read "Virginias State Corporation Commission".

Related Objection 6

Applies To:

- Policyowner Notification Letter , 90-2578 LTC (0417) (Form)

Comments: Please replace the word "commission" in the next to last paragraph to state the rate increase was reviewed by Virginia's State Corporation Commission."

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Olski

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions or need additional information, please feel free to contact me at 414-665-1859.

Sincerely,

Annette HuttI

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/17/2017
Submitted Date 07/17/2017

Dear Janet Houser,

Introduction:

Good morning,

Response 1

Comments:

Yes, only form 90-2578 LTC Options (0417) will be enclosed with the letter.

Yes, the Policy Change application form is made part of the policy.

Related Objection 1

Comments: Thank you for your explanation regarding how the policy is updated. In this case, however, we are assuming for the purposes of this rate increase and the corresponding letter, only form 90-2578 LTC Options (0417) will be enclosed with the letter and neither of the two forms mentioned: 90-2579 LTC(0417) and 90-1279 LTC (1014). Please confirm.

According to your response, the Company will follow its standard Policy Change procedure which includes sending the policyowner an amended Benefits and Premium policy page. If the policy page was originally approved for benefit changes after the policy's original effective date, please provide a copies of that approval and of the policy form. If the amended policy page was not originally approved for such changes, it will need to be submitted as a new form for review and approval including a statement of variability. As stated in our previous objection letter, the document must be dated or have an indication of the effective date of change in policy benefits, state a change has been made to the policy and this new document is made a part of the contract. Our objection could also be resolved if the application as noted above is attached and made of part of the policy. No other requirements would be needed.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments:

We are not completely sure we understand this objection. We have two different ways the elect the Contingent Benefit Upon Lapse (CBUL). If the client requests to use the benefit by returning the options form (90-2578) with this selected we will not offer reinstatement. If the policy lapses due to non-payment within 120 days of the increase effective date, we will activate the CBUL and offer to reinstate subject to our normal reinstatement procedures.

We are not quite clear on the second part either. Please note that our increases will always be effective on the policy anniversary. The [within 120 days of your policy anniversary] is really the same as within 120 days of the increase effective date.

Related Objection 2

Applies To:

- Policyowner Notification Letter (Supporting Document)

Comments: The letter states that if the company does not hear from the policyholder and does not receive the increased premium by the premium due date, the company will assume the insured has selected either the Contingent Benefit Upon Lapse or Non-Forfeiture Option. In this event, will the company not send out a lapse notice and allow policy reinstatement if requested? 14VAC5-200-185 D 5 c requires that a default or lapse within 120 days of the due date of the premium increase shall be deemed to be the election of the offer to convert to a contingent benefit upon lapse benefit. Assuming this election as of the premium due date would not be in compliance with the regulation. Please resolve.

On page 6 of the letter under Important Information Regarding [Contingent Benefit upon Lapse/Non-Forfeiture Option], the letter has a bracketed sentence [within 120 days of your policy anniversary date of [anniversary date]] on page 3. The Statement of Variability indicates this statement will only be included if a policy has not had a non-forfeiture benefit (NFB) from the policy effective date since NFB is allowed to be activated at any time. This appears to conflict with the page 3. Please resolve.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have revised the second paragraph on page 6 to reflect this change.

Related Objection 3

Applies To:

- Policyowner Notification Letter (Supporting Document)

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: The second paragraph on page 6 states the insured should refer to the New Premium listed for each available change on the policy pages. It may be clearer if it referred to the Personalized Options Form which is a separate document from the letter.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette Huttli
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Olski

No Rate/Rule Schedule items changed.

Response 4

Comments:

- 1) We have removed these explanations from the letter.
- 2) Please note that this is not a range. We have updated the SOV to show that it is a calculation of the anniversary date.
- 3) We have updated the SOV to show when the Personalized Option Form begins and added the explanations.
- 4) Yes, the policyowner letter will be in 12 point font.

Related Objection 4

Applies To:

- Personalized Options Form (Supporting Document)
- Statement of Variability (Supporting Document)
- Policyowner Notification Letter (Supporting Document)

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: 1) On page 3 in the policyowner notification letter, the following is bracketed: [If on claim leave the proceeding heading and this section off the letter]. Since we can only review the final version of the letter, this explanation should only appear in the Statement of Variability (SOV) and be removed from the letter. Beginning and ending brackets should be added to the entire section in the letter to which this explanation applies. This would also apply to the following which should be removed from the policyowner letter: [only include if policy has ABI]; [only include if have inflation protection]; [only include second sentence if policy doesn't have an NFB benefit]; [only include if have NFB]; [only include if have Survivorship]

2) Please include a minimum and maximum range for the variability on page 4 of the policyowner letter regarding the [25 days prior to anniversary date] in the SOV.

3) Please provide a separate statement of variability for Personalized Options Form or indicate on the existing SOV where that variability is included. Please include the following:

- a) an explanation for [888-888-8888] on page 1 of the form
- b) an explanation for [Maximum Daily Limit (MDL)/[Maximum Monthly Limit (MML)] on page 1 under Policy Benefit Change.
- c) an explanation for [MDL/MMD] under Description on page 1
- d) insert new premium in brackets to Personalized Option Form on page 4 for last benefit period that reduces the minimum length of time the policy will pay benefits

3) Pursuant to 14VAC5-100-50 5, a type size of at least 10 point is required. Please confirm the policyowner letter will satisfy this requirement.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Personalized Options Form
Comments:	
Attachment(s):	90-2578 LTC Options Form (VA) 071217.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Personalized Options Form</i>
Comments:	
Attachment(s):	<i>90-2578 LTC Options Form (VA).pdf</i>

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes

Satisfied - Item:	Personalized Options Form
Comments:	
Attachment(s):	90-2578 LTC Options Form (VA) 071217.pdf

Previous Version

Satisfied - Item:	<i>Personalized Options Form</i>
Comments:	
Attachment(s):	<i>90-2578 LTC Options Form (VA).pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA) 071217.pdf

Previous Version

Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>90-2578 SOV (VA).pdf</i>

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette Huttli

Previous Version

<i>1</i>	<i>Policyowner Notification Letter</i>	<i>90-2578 LTC (0417)</i>	<i>OTH</i>	<i>Initial</i>		<i>40.200</i>	<i>90-2578 (VA).pdf</i>	<i>Date Submitted: 03/20/2017 By: Laura Olski</i>
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No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions or need additional information, please feel free to contact me at 414-665-1859.

Sincerely,
Annette Huttli

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 04/10/2017
 Submitted Date 04/10/2017

Dear Janet Houser,

Introduction:

Good afternoon,

Response 1

Comments:

Please refer to the VA Response Letter dated 04102017 attached under the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter dated 04102017
Comments:	
Attachment(s):	VA Response Letter Dated 04102017 RS RATES - Post.pdf

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	VA Response Letter dated 04102017
Comments:	
Attachment(s):	VA Response Letter Dated 04102017 RS RATES - Post.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Certification (RS post- rate) (VA).pdf RS(post-rate stability) Exhibit 1 Loss Ratios (VA).xlsx VA Exhibit 2 Inforce Policies and Premium (RS Post-Rate Stabilization).pdf PREMCALC RR-RS (STD).pdf Experience Exhibits (VA).pdf Inforce Filing Act Memo Cover Letter (VA) RS.pdf ACTMEMO Update (RS Post-Rate Stabilization) (VA) REV.pdf Premium Rate Compare RS post rate after increase to UU2016(1014)Rev VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>ACTMEMO Update (RS Post-Rate Stabilization) (VA).pdf Actuarial Certification (RS post- rate) (VA).pdf RS(post-rate stability) Exhibit 1 Loss Ratios (VA).xlsx VA Exhibit 2 Inforce Policies and Premium (RS Post-Rate Stabilization).pdf PREMCALC RR-RS (STD).pdf Premium Rate Compare RS post rate after increase to UU2016(0916) VA.pdf Experience Exhibits (VA).pdf Inforce Filing Act Memo Cover Letter (VA) RS.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Annette HuttI

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/20/2017
Submitted Date 03/20/2017

Dear Janet Houser,

Introduction:

Good afternoon,

Response 1

Comments:

- 1) We have attached the Policyowner Notification Letter under the Form Schedule tab.
- 2) The Policyowner Notification Letter is now on letterhead. We have attached a Statement of Variability under the Supporting Documentation tab.
- 3) We have attached a Certificate of Compliance under the Supporting Documentation tab.
- 4) We have revised the letter as requested. Please note that regarding D 4 we did not completely remove the paragraph with State Health Insurance Assistance Program since we believe it is a potentially valuable resource for our policyowners.

Related Objection 1

Applies To:

- Policyowner Notification Letter (Supporting Document)

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: 1) Because the policyholder letter must now be "filed" pursuant to 14VAC5-200-75 D, please attach the letter to the Form Schedule in SERFF. The letter only needs to be filed once provided there is sufficient variability to use the letter with other rate filings. Therefore, it is not necessary to attach the letter to the Form Schedule to any other rate filing.

2) When attaching the letter to the Form Schedule, it should be in its final version on letterhead paper. Please attach a statement of variability to Supporting Documentation in SERFF.

3) Please attach a Certification of Compliance pursuant to 14VAC5-100-40 3.

4) For compliance with 14VAC5-200-75 A, please address the following:

- A 2 - The letter should contain a statement that similar options will be available in the future in the event of a rate increase and that benefits may be changed at any time.
- A 3 - Please include the percentage of the rate increase that is being applied to the policy in addition to the dollar amount.
- A 4 b - Please include a statement that the insured has a right to a revised premium rate or rate schedule upon request.

5) For compliance with 14VC5-200-75 D, please address the following:

- D 2 b - Please include a disclosure stating that all options available may not be of equal value. Since this is a disclosure this information should be emphasized such as by bolding, highlighting, or using larger print.
- D 4 - Replace the paragraph on page 3 regarding the State Health Insurance Assistance Program with the language as set forth in the regulation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certification of Compliance - Forms.pdf
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance</i>
Bypass Reason:	<i>Not applicable for this filing. No forms are included.</i>
Attachment(s):	

State: Virginia	Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified	
Product Name: 2016 LTC Risk Mitigation	
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation	

Supporting Document Schedule Item Changes	
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Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certification of Compliance - Forms.pdf

<i>Previous Version</i>	
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Satisfied - Item:	<i>Certification of Compliance</i>
Bypass Reason:	<i>Not applicable for this filing. No forms are included.</i>
Attachment(s):	

Satisfied - Item:	Policyowner Notification Letter
Comments:	Moved to "Form Schedule" tab per request.
Attachment(s):	

<i>Previous Version</i>	
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Satisfied - Item:	<i>Policyowner Notification Letter</i>
Comments:	
Attachment(s):	<i>90-2578 (AL AR AZ CO IA ID KS KY LA MD ME MT ND NE OH OK SD VA WY).pdf</i>

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certification of Compliance - Forms.pdf

Previous Version

Bypassed - Item:	<i>Certification of Compliance</i>
Bypass Reason:	<i>Not applicable for this filing. No forms are included.</i>
Attachment(s):	

Satisfied - Item:	Policyowner Notification Letter
Comments:	Moved to "Form Schedule" tab per request.
Attachment(s):	

Previous Version

Satisfied - Item:	<i>Policyowner Notification Letter</i>
Comments:	
Attachment(s):	<i>90-2578 (AL AR AZ CO IA ID KS KY LA MD ME MT ND NE OH OK SD VA WY).pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA).pdf

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have made the Personalized Options Form a separate form. Since it does not become part of the policy it has been attached to the Supporting Documentation tab. We have revised the Policyowner Notification Letter to also include the partnership policy disclosure.

Related Objection 2

Applies To:

- Policyowner Notification Letter (Supporting Document)

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: The Personalized Options Form is designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter. In other words, a form should always remain complete; by removing pages, the form becomes incomplete. As a result, please make the Personalized Options Form a separate form and attach it to Supporting Documentation for review if this form will not be attached to the insured's contract. If the form becomes a part of the policy, the form should be attached to the Form Schedule for review and approval.

Since this section may not be a part of the letter, the letter would need to be revised to include a disclosure that in the case of the partnership policy that some benefit reduction options may result in a loss of partnership status that may reduce policyholder protections pursuant to 14VAC5-200-75 D 2 c. As a a disclosure the information should be emphasized such as with bolding, highlighting or using larger print.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Personalized Options Form
Comments:	
Attachment(s):	90-2578 LTC Options Form (VA).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

- 1) We have revised the Policyowner Notification Letter, Personalized Options Form and Statement of Variability with the term 'Contingent Benefit Upon Lapse.'
- 2) The Contingent Benefit Upon Lapse option will be administered according to 14VAC5-200-185 D 2 as revised effective September 1, 2015 for policyholders with a lifetime premium benefit and 14VAC5-200-185 D 4 for policyholders with a fixed or limited premium payment period. As described in the cover letter included with this filing, even though this rate increase does not meet the definition of a substantial premium increase for the majority of policies involved, we are providing the Contingent Benefit Upon Lapse to all policyowners with the lifetime premium payment period who do not pay their premiums within 120 days of their rate increase premium due date. This paid up benefit would be equal to the sum of premiums paid from issue. No increases for policyowners with limited pay premium payment periods meet the definition of a substantial premium increase. However, those policyowners have the optional Non-forfeiture Benefit (as described in the NAICs LTC Model Regulation) automatically included in their policies, and will be administered under the provisions of that feature.
- 3) That is correct, in the event the reduction in coverage involves the reduction or elimination of the inflation protection provision, the policyowner will be able to retain any past accrued benefits.
- 4) The Policy Change Options pages are always part of the Policyowner Notification Letter. One page was missing. Thank you for bringing this to our attention. We have included that page and corrected the page numbering.

Related Objection 3

Applies To:

- Policyowner Notification Letter (Supporting Document)

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Comments: Please address the following concerns with the Policy Change Options contained in the policyholder letter:

- 1) The Company refers to [Contingent] Non-Forfeiture Option. To avoid confusion between a contingent non-forfeiture benefit and a contractual non-forfeiture benefit which was purchased, please use the term "Contingent Benefit Upon Lapse" (CBUL) for consistency with the language in 14VAC5-200-185. Please state the paid up value for either benefit is based on the premiums paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. We assume either the CBUL or the contractual nonforfeiture option will appear in the letter and such variability should be noted on a Statement of Variability. This concern would also apply to the Personalized Option Form.
- 2) Please confirm the Contingent Benefit Upon Lapse option will be administered according to 14VAC5-200-185 D 2 as revised effective September 1, 2015 for policyholders with a lifetime premium benefit and 14VAC5-200-185 D 4 for policyholders with a fixed or limited premium payment period. Will this benefit be offered to all policyholders regardless if the triggers have not yet been met as set forth in the regulation?
- 3) Please confirm that in the event the reduction in coverage involves the reduction or elimination of the inflation protection provision, the insurer will allow the policyholder to continue the benefit amount in effect at the time of the reduction.
- 4) The bottom of the Policy Change Options section indicates there are three pages; however, only two were included. Is a page missing? If this is all part of the same form, why are the page numbers not consecutive or should this section of the letter have a separate form number? If that is the case, please add a new form number to the lower left hand corner of the form and attach a copy to the Form Schedule for review. Please also confirm this is a part of the policyholder notification package and will always be included with the letter. A Certification of Compliance will also be required.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyowner Notification Letter
Comments:	Moved to "Form Schedule" tab per request.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	Policyowner Notification Letter
Comments:	
Attachment(s):	90-2578 (AL AR AZ CO IA ID KS KY LA MD ME MT ND NE OH OK SD VA WY).pdf

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes

Satisfied - Item:	Policyowner Notification Letter
Comments:	Moved to "Form Schedule" tab per request.
Attachment(s):	

Previous Version

Satisfied - Item:	<i>Policyowner Notification Letter</i>
Comments:	
Attachment(s):	<i>90-2578 (AL AR AZ CO IA ID KS KY LA MD ME MT ND NE OH OK SD VA WY).pdf</i>

Satisfied - Item:	Personalized Options Form
Comments:	
Attachment(s):	90-2578 LTC Options Form (VA).pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Policyowner Notification Letter
Comments:	Moved to "Form Schedule" tab per request.
Attachment(s):	

Previous Version

Satisfied - Item:	<i>Policyowner Notification Letter</i>
Comments:	
Attachment(s):	<i>90-2578 (AL AR AZ CO IA ID KS KY LA MD ME MT ND NE OH OK SD VA WY).pdf</i>

Satisfied - Item:	Personalized Options Form
Comments:	
Attachment(s):	90-2578 LTC Options Form (VA).pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 SOV (VA).pdf

No Rate/Rule Schedule items changed.

Response 4

Comments:

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

We would only make benefit changes at the request of the policyowner. They could request the changes using three different forms:

1. 90-2578 LTC OPTIONS FORM (0417) which is included in this filing.
2. 90-2579 LTC (0417) The Express Long Term Care Request for Policy Change which is included in SERFF Filing NWST-130932373. This form can only be used to make a benefit reduction. The Contingent Benefit Upon Lapse is not on the Express form since it is only available in limited scenarios tied to an increase.
3. 90-1279 LTC (1014) Long-Term Care Application for Policy Change which was approved on 6/6/2016 under SERFF Tracking Number NWST-129365901.

We will follow our standard Policy Change procedure which includes sending the policyowner an amended Benefits and Premiums policy page.

Related Objection 4

Applies To:

- Policyowner Notification Letter (Supporting Document)

Comments: Please explain how a policy is updated to reflect any benefit changes the insured may choose to reduce the effects of the rate increase. If the policy is revised or changed in any way, the policyowner must first agree to the changes and the policy must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as a readability certification in accordance with 14VAC5-110-60.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Personalized Options Form
Comments:	
Attachment(s):	90-2578 LTC Options Form (VA).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have any questions or need additional information, please feel free to contact Annette HuttI at 414-665-1859.

Sincerely,
 Laura Olski

SERFF Tracking #:	NWST-130932376	State Tracking #:	NWST-130932376	Company Tracking #:	2016 LTC RISK MITIGATION RS RATES - PO...
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State:	Virginia	Filing Company:	Northwestern Long Term Care Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2016 LTC Risk Mitigation		
Project Name/Number:	2016 LTC Risk Mitigation/2016 LTC Risk Mitigation		

Amendment Letter

Submitted Date: 11/06/2017

Comments:

Dear Ms. Houser,

We have revised the Policyowner Notification Letter, the Policyowner Notification Letter (Waiver), and Personalized Options Form to reflect the revised Contingent Benefit Upon Lapse language.

If you have any questions or need additional information, please feel free to contact me.

Thank you,

Annette HuttI

Changed Items:

SERFF Tracking #:

NWST-130932376

State Tracking #:

NWST-130932376

Company Tracking #:

2016 LTC RISK MITIGATION RS RATES -
PO...

State: Virginia

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 2016 LTC Risk Mitigation

Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) rev110617.pdf	Date Submitted: 11/06/2017 By:
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) Rev090817 (2).pdf	Date Submitted: 09/29/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) Rev090817.pdf	Date Submitted: 09/21/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) 071217.pdf	Date Submitted: 07/17/2017 By: Annette HuttI
<i>Previous Version</i>								
1	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA).pdf	Date Submitted: 03/20/2017 By: Laura Olski
2	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 110617.pdf	Date Submitted: 11/06/2017 By:
<i>Previous Version</i>								
2	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 110217.pdf	Date Submitted: 11/02/2017 By:
<i>Previous Version</i>								
2	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) Rev103117.pdf	Date Submitted: 10/31/2017 By:
<i>Previous Version</i>								

SERFF Tracking #:

NWST-130932376

State Tracking #:

NWST-130932376

Company Tracking #:

2016 LTC RISK MITIGATION RS RATES -
PO...

State: Virginia
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Filing Company: Northwestern Long Term Care Insurance Company

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
2	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 102517.pdf	Date Submitted: 10/25/2017 By:
Previous Version								
2	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 10/02/2017 By:
Previous Version								
2	Personalized Options Form	90-2578 LTC OPTIONS FORM	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette Hutt/
3	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Waiver) (0417) rev110617.pdf	Date Submitted: 11/06/2017 By:
Previous Version								
3	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Waiver) (0417) VA rev092817.pdf	Date Submitted: 09/29/2017 By: Annette Hutt/
Previous Version								
3	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Wavier) (0417)rev090817.pdf	Date Submitted: 09/21/2017 By: Annette Hutt/
Previous Version								
3	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Waiver) (0417) (VA).pdf	Date Submitted: 08/10/2017 By: Annette Hutt/

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Filing Company: Northwestern Long Term Care Insurance Company

Amendment Letter

Submitted Date: 11/02/2017

Comments:

Dear Ms. Houser,

We have revised the Change Provisions section on page 3 of the Personalized Options Form to state:

"Once we've processed the change you elect, if any, we will send you a confirmation letter and a copy of this Personalized Options Form. The copy of this form should be attached to, and made part of your policy."

If you have any questions, feel free to contact me.

Thanks,

Annette HuttI

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 110217.pdf	Date Submitted: 11/02/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) Rev103117.pdf	Date Submitted: 10/31/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 102517.pdf	Date Submitted: 10/25/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 10/02/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI

SERFF Tracking #:	NWST-130932376	State Tracking #:	NWST-130932376	Company Tracking #:	2016 LTC RISK MITIGATION RS RATES - PO...
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State:	Virginia	Filing Company:	Northwestern Long Term Care Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2016 LTC Risk Mitigation		
Project Name/Number:	2016 LTC Risk Mitigation/2016 LTC Risk Mitigation		

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Amendment Letter

Submitted Date: 10/31/2017

Comments:

Dear Ms. Houser,

We have revised the Change Provisions section on page 3 of the Personalized Options Form to indicate that a copy of this form would be sent. If you have any questions, please feel free to contact me.

Thanks,
 Annette HuttI

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) Rev103117.pdf	Date Submitted: 10/31/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 102517.pdf	Date Submitted: 10/25/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 10/02/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #:

NWST-130932376

State Tracking #:

NWST-130932376

Company Tracking #:

2016 LTC RISK MITIGATION RS RATES -
PO...

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Filing Company: Northwestern Long Term Care Insurance Company

Amendment Letter

Submitted Date: 10/25/2017

Comments:

Dear Ms. Houser,

We have revised the Personalized Options Form as requested. If you have any questions or need additional information, please feel free to contact me at 414-665-1859.

Sincerely,
Annette Huttl

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 102517.pdf	Date Submitted: 10/25/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 10/02/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette Huttl

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #:	NWST-130932376	State Tracking #:	NWST-130932376	Company Tracking #:	2016 LTC RISK MITIGATION RS RATES - PO...
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State:	Virginia	Filing Company:	Northwestern Long Term Care Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2016 LTC Risk Mitigation		
Project Name/Number:	2016 LTC Risk Mitigation/2016 LTC Risk Mitigation		

Amendment Letter

Submitted Date: 10/19/2017

Comments:

We have attached the correct Rate Request Summary form and revised it to reflect the effective date as "On approval" and corrected the average increase.

If you have any questions, please feel free to contact me at 414-665-1859.

Sincerely,
Annette HuttI

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Summary Part 1-RS post Rate Stabilization rev081017.pdf VA Rate Request Summary revised RS.LTC.(1101) etal post-rate.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>Summary Part 1-RS post Rate Stabilization rev081017.pdf VA Rate Request Summary Part 1-RS post Rate Stabilization REV.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA Rate Request Summary Part 1-RS post Rate Stabilizatoin.pdf Summary Part 1-RS post Rate Stabilization rev081017.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	
Attachment(s):	<i>VA Rate Request Summary Part 1-RS post Rate Stabilizatoin.pdf Summary Part 1-RS post Rate Stabilization.pdf</i>

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Amendment Letter

Submitted Date: 10/02/2017

Comments:

Dear Ms. Houser,

I have corrected the form number for the Personalized Options Form in the 'Form Schedule' tab. We apologize for this oversight.

Sincerely,

Annette HuttI

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 10/02/2017 By:
<i>Previous Version</i>								
1	Personalized Options Form	90-2578 LTC OPTIONS FORM	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 080417.pdf	Date Submitted: 08/10/2017 By: Annette HuttI

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Filer

Created By:

Janet Houser on 11/06/2017 07:46 AM

Last Edited By:

Janet Houser

Submitted On:

11/06/2017 07:46 AM

Subject:

Policyholder letter and Change Form

Comments:

This is confirm our phone conversation today.

Through an oversight on my part, the language regarding the Contingent Benefit Upon Lapse should be clarified to state the paid up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would had been payable if the policy remained in a premium paying status.

I apologize for the inconvenience and any confusion this may have caused.

Thanks for your help!

Janet

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Filer

Created By:

Janet Houser on 10/31/2017 07:02 AM

Last Edited By:

Janet Houser

Submitted On:

10/31/2017 07:02 AM

Subject:

Personalized Options Form

Comments:

Per my phone message today, the form should indicate it will be returned to the insured to be attached and made a part of the letter. I apologize for not bringing this to your attention previously. Once this is received, the filings will be approved.

Thanks!

Janet Houser
804-371-9390

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Filer

Created By:

Janet Houser on 10/23/2017 08:02 AM

Last Edited By:

Janet Houser

Submitted On:

10/23/2017 08:02 AM

Subject:

Personalized Options Form

Comments:

Per my phone message, the form states a confirmation letter along with a new policy specification pages will be sent once processed. Please provide me with a copy of the policy specification page as the form was originally approved and a copy of what would be sent when a change has been made. If this form was not approved for such revisions, a new policy specification page would need to now be submitted for review and approval to be used in the future. The other alternative is to send a copy of this form back to the insured with the confirmation letter indicating this form should be attached to the policy. Please send a copy of the confirmation letter as well.

I apologize for not catching this language earlier. My phone # is 804-371-9390.

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Reviewer

Created By:

Annette Huttl on 10/19/2017 03:14 PM

Last Edited By:

Annette Huttl

Submitted On:

10/19/2017 03:14 PM

Subject:

Personalized Options Form (90-2578 LTC Options Form (0417))

Comments:

Dear Janet Houser,

We would like to confirm that the Personalized Options Form (90-2578 LTC Options Form (0417)) will be attached to the insured's contract.

Please feel free to contact me with any questions.

Sincerely,

Annette Huttl

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Filer

Created By:

Janet Houser on 10/18/2017 09:29 AM

Last Edited By:

Janet Houser

Submitted On:

10/18/2017 09:30 AM

Subject:

LTC Rate Request Summary Form

Comments:

Per our conversation today, this is the correct form to be used for Long Term Care Filings.

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
<input type="text"/>	<input type="text"/>

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Filer

Created By:

Janet Houser on 10/03/2017 02:21 PM

Last Edited By:

Janet Houser

Submitted On:

10/03/2017 02:22 PM

Subject:

10.3.17 Objection letter

Comments:

Please disregard this letter which is applicable to NWST-130832377. I apologize for any inconvenience or confusion this may have caused.

Janet Houser
804-371-9390

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Filer

Created By:

Janet Houser on 10/02/2017 12:37 PM

Last Edited By:

Janet Houser

Submitted On:

10/02/2017 12:37 PM

Subject:

LTC Options Form

Comments:

The Form Number in the Form Schedule for the OTC Options Form is incomplete and should end with "(0417)". Please correct.

I apologize for not bringing this to your attention previously.

Thank you.

Janet Houser

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Reviewer

Created By:

Annette Huttl on 07/17/2017 08:10 AM

Last Edited By:

Annette Huttl

Submitted On:

07/17/2017 08:10 AM

Subject:

Response to Note to Filer

Comments:

Dear Ms. Houser:

As indicated in the cover letter of this filing, we are not asking for the entire increase that could be actuarially justified at this time. Our intention was not to forgo the right to request further increases in the future should experience not sufficiently improve, but rather avoid larger increases that our policyowners would have difficulty managing at one time.

We will continue to monitor experience over the coming years and if our experience, or expectations regarding future experience, do not improve, we may request a future increase. Such an increase could be due to high ongoing policy persistency, validation of current claim cost levels by actuarial consultants, or a prolonged low interest rate environment. However, since all of NLTC's LTC policies are participating and eligible for dividends, if experience improves, we would have the ability to return that favorable experience back to our policyowners in the form of dividends, subject to the NLTC Board approval.

In determining the full increase needs, our goal was not to determine the maximum possible premium increase to meet a specific loss ratio target, but rather to determine the rate increase necessary to meet the company's current target rate of return. The process was similar to that of a new issue pricing exercise. Changes in all relevant pricing assumptions were considered, including morbidity, mortality, lapses, expenses, investment returns and other items like changes in capital requirements. Because of the way we determine our full increase need, it is possible that improvements in assumptions that don't directly impact the loss ratio, like interest rates, could actually help mitigate our need for a future rate increase. Our goal is to manage the profitability of the product line, while operating within all minimum loss ratio requirements, not to target a specific loss ratio.

If you have any questions, please feel free to contact me at 414-665-1859.

Thank you,
Annette Huttl

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Note To Filer

Created By:

Janet Houser on 07/11/2017 10:47 AM

Last Edited By:

Janet Houser

Submitted On:

07/11/2017 10:49 AM

Subject:

Targeted Loss Ratio

Comments:

If this increase is approved and experience develops as anticipated, will the company forgo increases in the future? If not, what would trigger a rate increase in the future? In other words, what targeted loss ratio does the company plans to manage this block in the future?

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Reviewer Note

Created By:

Janet Houser on 10/31/2017 06:33 AM

Last Edited By:

Janet Houser

Submitted On:

11/03/2017 09:47 AM

Subject:

RRS

Comments:

Rate Summaries

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
RS.LTC.(1101) (post-rate stabilization) RS.LTC.(0807) RS.LTC.(0708)	QuietCare RS QuietCare RS QuietCare RS

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Explanation of Assumptions and Rate Increase

The company is requesting an average rate increase of 27% with the rate increase varying by benefit period for the post-rate stabilization policies on the RS.LTC.(1101) policy form and the RS.LTC.(0807) and RS.LTC.(0708) policy forms. The requested rate increase for 3 year benefit period is 10%, 6 year benefit period is 25% and lifetime benefit period is 30%. Rates are not being increased for issue age 75+ policies with 3 year benefit period to ensure that inforce rates do not exceed new issue business rates.

New proposed rate tables for these policy forms are included with this filing. The contingent non-forfeiture paid up benefit equal to the sum of premiums paid is being offered to all policyowners impacted by the rate increase whether or not their increase is above the substantial increase triggers.

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are mainly the result longer claim continuance with a greater effect on longer benefit periods, combined with lower lapse and mortality rates. Our rates are based in part on assumptions about policy persistency (how long policies stay inforce), which includes mortality (the rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual mortality and voluntary lapses have been lower than originally assumed meaning that more insureds are reaching typical long-term care claim ages, ultimately leading to more incurred claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded

Northwestern Long Term Care Insurance Company (NLTC) has been evaluating this block and updating assumptions based on our experience as well as the LTCi industry experience. For the forms specified above, the projected lifetime loss ratio based on the assumptions outlined in the actuarial memorandum is worse than original pricing. The combined effect of changing the underlying claim costs and updating the mortality rates and persistency assumptions resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, NLTC is requesting a rate increase in order to maintain the viability and financial stability of the policy form.

Even though we could justify a higher rate increase, at this time we have decided to request 27% taking into consideration the impact on our policyowners. If experience does not improve, we may need to request future rate increases on these policy forms.

Long Term Care Insurance Rate Request Summary Part 2 –To Be Completed By Bureau of Insurance

Company Name and NAIC Number: Northwestern Long Term Care Insurance Company - 69000

SERFF Tracking Number: NWST-130932376

Disposition: Approved

Approval Date: 11/03/2017

Revised Rates

Average Annual Premium Per Member: \$3117

Average Requested Percentage Rate Change Per Member: 27%

Minimum Requested Percentage Rate Change Per Member: 0%

Maximum Requested Percentage Rate Change Per Member: 30%

Number of Policy Holders Affected: 1971

Summary of the Bureau of Insurance's review of the rate request:

Northwestern Long Term Care Insurance Company (the Company) submitted a 27.0% rate for policy forms RS.LTC (1101), RS.LTC.(0807), and RS.LTC.(0708). This is an individual closed block of business issued from July 2008 through April 2011 and is subject to the requirements of 14VAC5-200-153. As of the date of submission, there were 1,971 policies in Virginia and 84,963 policies nationwide. This is the first rate increase filed for the policies in Virginia.

The company is requesting an average rate increase of 27% with the rate increase varying by benefit period and premium paying period for the TT.LTC.(1010) policy form. The requested rate increase for lifetime premium paying policies with 3 year benefit period is 10%, 6 year benefit period is 25% and lifetime benefit period is 30%. Rates are not being increased for issue age 75+ policies with 3 year benefit period to ensure that inforce rates do not exceed new business rates.

The primary reasons for the rate increase are that policyholders are keeping their policies in force longer, living longer, filing claims more frequently, and staying on claim longer than originally assumed. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced.

The Bureau reviewed the rate increase in accordance with the requirements of 14VAC5-200-153 which requires that the filing meet the "58/85" loss ratio test. This test requires that the lifetime anticipated present value ("PV") of claims exceed the sum of 58% of the PV of initial premiums plus 85% of the PV of any subsequent premium increases. This effectively requires that premium increases be held to a higher loss ratio standard (85%) than the initial premiums (58%). The company demonstrated, using actuarially justified assumptions, that the filing met the requirements of 14VAC5-200-153 after implementation of the rate increase. As a result, the Bureau of Insurance recommended approval of the rate increase.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions. Specific options are included in the letter sent to all policyholders notifying them of the rate increase or can be discussed with the company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the [Rate/Policy Form Search](http://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx) at:
<http://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Reviewer Note

Created By:

Janet Houser on 10/18/2017 09:22 AM

Last Edited By:

Janet Houser

Submitted On:

11/03/2017 09:47 AM

Subject:

How policy is updated

Comments:

Per the company's response dated 7/17/17, the Policy Change Application (form 90-2578 LTC Options (0417) is made a part of the policy.

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Reviewer Note

Created By:

Janet Houser on 02/24/2017 08:46 AM

Last Edited By:

Janet Houser

Submitted On:

11/03/2017 09:47 AM

Subject:

Act Review

Comments:

2.24.17 Sent to Korn Ferry; due date 3.10.17

3.17.17 add'l info needed

4.11.17 - add'l info rec'd, due date 4.25.17

5.8.17 - recommend approval

7.31.17 - additional peer review

8.31.17 - add'l info needed

9.21.17 - add'l info rec'd; due date 10/5/17

10.3.17 - ratio test

State of Virginia

March 17, 2017

Northwestern Long Term Care Insurance Company
Long Term Care Rate Increase Filing
NWST – 130932376
RS.LTC.(1101);RS.LTC.(0807);RS.LTC.(0708)
Request for Additional Information

We have follow-up questions on initial materials provided by the State. All references are to the supporting documents from the SERFF filing noted above unless otherwise indicated. To the extent that the answers to any of the questions below reflect a composite of the forms combined for this filing, please provide separate answers (to the extent available) and describe how the composite answer is derived.

1. Please provide assurances that the assumptions used in the projections are no more conservative (i.e. do not produce a higher loss ratio) than used in the company's prior year's asset adequacy testing. Please also confirm if margins are added to the assumptions outlined in section 10 (Actuarial Assumptions – Updated) within the projections. If margins are included, please describe them.
2. Please also provide brief commentary as to the relationship of the “repriced” morbidity, lapse and mortality assumptions vs. those submitted in the recent Virginia rate filing (SERFF #: NWST-130675505) for form UU.LTC(1014)REV.
3. The actuarial memorandum includes several references to policies that are no longer paying premiums. Does this solely refer to the Paid-up Nonforfeiture Benefit or the Survivorship Benefit? Please confirm if a portion of the policies were issued on a limited pay basis. What payment periods were available? Please indicate what portion of the block is paid up as of the date of the analysis 12/31/15.
4. Please confirm the treatment of the waiver of premium benefit within the loss ratio exhibit.
5. It was indicated that the restated lifetime pricing loss ratio, after adjusting to the maximum valuation interest rate is 70%.
 - a. Did this include any anticipated dividends?
 - b. Does this reflect the same distribution of business as assumed in pricing?
 - c. Did this include the margin for adverse deviation discussed above?

6. Per 14VAC5-200-153 B 3.f, the actuarial memorandum should the actuarial memorandum should include “a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted”.
 - a. Please identify the composite margin that was included in the initial pricing.
 - b. Please clearly identify how the demonstration supports this requirement, or include additional supporting exhibits if needed.
7. The Distribution of Business by Plan indicates that 68% of the inforce policies have elected the “Automatic Additional Purchase Benefit” Indexing option. What portion of these policies have purchased additional coverage? What behavior is assumed in the projections (both with and without rate increase)?
8. The actuarial memorandum indicates a contingent benefit upon lapse will be offered to all policyholders if a rate increase is approved, as well as other various benefit reduction options. Please provide the assumptions with respect to the election of these various option in the “with rate increase” projections of the Exhibits, if any.
9. The actuarial memorandum, section 2 a, indicates a comparison is provided to rates for new business in the file “Premium Rate Compare RS post rate after increase to UU2016(0916) VA”. Virginia rate filing (SERFF #: NWST-130675505) for form UU.LTC(1014)REV was approved 11/4/16, and would appear to be the most recent new business rates available in Virginia, but reflects a different form number. Please explain which rates are used in this comparison, and indicate if comparison to the recent Virginia filing would change the results of the comparison.
10. The Company indicates that its experience is not credible for use in determining projection morbidity assumptions. A comparison of historical experience was provided for claim incidence, claim termination and claim utilization assumptions. As a result of these studies, the following conclusion was noted: “our overall morbidity experience to-date, although limited and not credible, does not call into question the validity of the 2014 Milliman Guidelines for this block of business.” The study of actual to Milliman (expected) showed the following ratios:
 - a. Incidence – overall A/E of 90%, but the slope of the table did not appear to be a good fit, with A/E increasing by policy duration for the issue ages with most claims exposure from the low 50%’s to near 120%. The issue age block with most policies has A/E of 70%;
 - b. Resolutions – overall A/E of 77%, reflecting 965 actual resolutions, fairly consistent across all claim months;
 - c. Utilization – overall A/E of 85%

These ratios deviate sufficiently from the mean to lead to an expectation of additional adjustments to the indicated Milliman morbidity assumptions, even if only to reflect partial credibility. Please provide any additional studies or sensitivity tests that supported the final morbidity assumptions as a best estimate that reflected reasonable fit with historical experience.

11. Please provide a breakdown of the historical incurred claims by calendar year to reflect the portion already paid vs. the portion still estimated (PVANYD reserve). Please indicate the margin, if any, included in the estimated amounts.
12. Unusual fluctuations were noted in the incurred claims for 2009, 2011 through 2015. Please indicate if this is the result of claim reserve strengthening, claim incidence fluctuations, or other cause. If claim reserves were strengthened, please address how this may have impacted the analysis of the fit of the morbidity data and projection assumptions.
13. Please provide additional description of the projected mortality rates. How do the ultimate rates and improvement scale compare to a published industry table?
14. Per 14VAC5-200-153 B, the insurer may request a rate schedule increase less than what is required if the actuarial memorandum discloses the premium rate schedule increase that would be necessary to make the certification in subdivision 2a of the subsection. The actuarial memorandum includes such as disclosure and identifies the rate increase that would be required as 68%. Please indicate the criteria used to determine the 68% increase, including the margins assumed in this calculation.
15. Rate increases were requested on a basis that varies by policy benefit period. Please provide analysis that specifically supports the determination of the rate increases by benefit period.

May 8, 2017

Mr. Robert Grissom
Insurance Market Examiner
Forms and Rates Section Life and Health Division
State Corporation Commission, Bureau of Insurance
P.O. Box 1157 Richmond, VA 23218

RE:
Northwestern Long Term Care Insurance Company
Long Term Care Rate Increase Filing
Policy Forms:
 RS.LTC.(1101); approved 3/14/2002 (post 10/1/03 issues only included)
 RS.LTC.(0807); approved 12/03/2007
 RS.LTC.(0708); approved 3/21/2008
SERFF #: NWST – 130932376

Dear Bob:

We have completed our review of this filing for a long term care rate increase. Northwestern Long Term Care Insurance Company (the Company) is requesting a set of increases for in force policies which vary by benefit period, averaging 27% across in force policyholders:

Benefit Period:	increase %
3 year	10%
6 year	25%
Lifetime	30%

No increase would apply for issue ages 75+ with 3 year benefit period to ensure that inforce rates do not exceed new issue business rates.

The Company also stated that *“the requested premium rate schedule increase is not considered sufficient to cover the adverse impact of the changes to the assumptions in this filing. If the rate schedule increase of 68% were requested and implemented and the underlying assumptions with additional margin for moderately adverse conditions are realized no increase beyond 68% would be anticipated.”*

Recommendation

It is my opinion that the rate increase requested complies with the applicable Virginia regulations and Actuarial Standards of Practice and should be approved. Based on the projections provided, both sets of rates meet the minimum compliance requirements of **14VAC5-200-153.C**. **Only the requested increase meets the loss ratio requirements of 14VAC5-200-153.G.2, but these are**

not applicable. The “full” increase was found to potentially reduce the lifetime loss ratio to below that which had been originally filed under best estimate projections.

Our review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”.

Several objections were sent to the Company requesting additional information via SERFF. The Company’s responses clarified issues and data outlined in the actuarial memorandum. This information was not verified, but we did review it for consistency and reasonableness. If any information was inaccurate, it may require us to revise our conclusions and opinions.

Background

This is a closed block of business in Virginia and Nationwide. This block of business was sold Nationwide. Though also available prior to 10/1/2003, forms RS.LTC.(1101) & RS.LTC.(0807) continued to be available through July 2008. Form RS.LTC.(0708) was subsequently available through October 2010 (April 2011 in Virginia).

Per the SERFF Filing NWST-125349440: *“Forms RR.LTC.AMDT.(0708) and RS.LTC.AMDT.(0708) automatically amend all inforce policies. Form RS.LTC.(0708) will replace form RS.LTC.(0807) which was previously approved by your Department. The purpose of these amendments and revised policy is to make some enhanced features of long-term care coverage available to both our inforce and new policyowners. Current premiums are sufficient to cover the anticipated extra cost associated with these additional benefits.”*

These are individual policies which are guaranteed renewable for life, with all forms using the same set of rates. There have been no prior rate increases on these blocks of business in Virginia or Nationwide. The Company is currently in the process of requesting similar rate increases nationwide.

As of 12/31/15 (the projection date in the filing), there were 1,971 policies in force in Virginia and 84,963 policies in force Nationwide. The average issue age is 54.7 with current durations of 6 through 14 years. Accumulated historical claims to 12/31/15 are about \$7.7 million in Virginia and about \$181.5 million Nationwide.

The Company is basing the requested increase on their Nationwide experience across all policy forms and industry studies. It is appropriate to include this information as a basis for future projections, and as a component of the review of historical experience for the form due to the low credibility of Virginia Only experience.

If approved, all policyholders would be offered the Contingent Benefit on Lapse offer, even though the requested amount would not trigger under the requirements of 14VAC5-200-185D. It was noted that if the “full” increase of 68%, (covering moderately adverse conditions) was requested,

that policyholders with issue ages 61 and higher would be eligible. This would limit the offer to about 39% of policyholders, which is less than the majority of the policies.

Applicable Regulations and Requirements:

Rate stabilization blocks (policies issued on or after October 1, 2003 but prior to September 1, 2015) are subject to 14VAC5-200-153 which requires a lifetime loss ratio of at least 58% applied to the current rate schedule plus 85% applied to any premium increase for individual policy forms. The expected loss ratio must not reflect policy reserves and the present and accumulated values must be determined using an interest rate equal to the maximum valuation interest rate for the policy reserves. If the majority of the policies will be eligible for the contingent benefit upon lapse as a result of the rate increase, the Company must also file the minimum lifetime loss ratio using the greater of the original anticipated lifetime loss ratio or 58%. **Although neither the requested or “full” rate increase would breach this trigger, we have included an assessment against this criteria for your information.**

Analysis – Methodology:

Our approach was to a) review the filing materials for clarity; b) review the experience studies which support the revised assumptions vs. those initially filed; c) review the projections and revised assumptions for reasonableness; d) analyze the current increase request as well as the “full” increase for compliance with Virginia regulations and fairness across benefit periods; and e) summarize cumulative rate increase actions in other states.

Review of Experience Studies and Resulting Revised Assumptions:

The Virginia Only product specific block of business is relatively small with about \$40.2 million of accumulated premium and \$7.7 million of incurred claims. The Company uses their Nationwide experience from their entire block of individual long term care products to develop revised assumptions. We think this is appropriate as it uses more data and increases the credibility. Also, there is no reason to expect geographic differences in experience.

The Company stated the revised assumptions are current best estimate assumptions with no provision for moderately adverse experience and consistent with the basis of best estimate liability assumptions used in the 12/31/15 Asset Adequacy testing.

The Company relied upon Milliman to perform a review of the underwriting and claims practices of the products and provide adjusted morbidity assumptions based on the 2014 Guidelines. The Company then compared its experience to these assumptions reasonableness, but did not make any additional adjustments to reflect partial credibility of its data. Key items from this analysis are highlighted below. Termination (lapse and mortality) assumptions were based on the Company’s own experience. The Company stated that *“the morbidity, lapse and mortality assumptions underlying this rate increase filing are consistent with the assumptions underlying our most recent Virginia new issue rate filing (SERFF #: NWST-130675505) for form UU.LTC(1014)REV.”*

Morbidity

Morbidity experience was measured against the Milliman USA 2014 Long Term Care Guidelines. This is a proprietary source, but it is based on extensive industry experience (on \$18 billion of cash LTC insurance claims) and it recognizes various underwriting standards. This source was also used to project the future incurred claims. We are comfortable with this source.

The Company indicated its credibility measure is based on Limited Fluctuation theory and claim count. This method introduces a rule of 3,007 claims for full credibility. The 3,007 claims ensure that the observed claims are within $\pm 3\%$ of the true claims with 90% confidence. The same analysis shows that 1,082 claims will ensure that the observed claims are within $\pm 5\%$ of the true claims with 90% confidence. For this product, there were about 1,900 claims Nationwide, and 49 claims in Virginia. Using the 3,007 claims as the benchmark, the Company calculated the nationwide, multi-product claim experience by issue age grouping, duration and sex as less than 28% credible in any cell. Using the 1,082 claims as the benchmark, we calculated that the nationwide, multi-product claim experience would be 100% credible with cell level credibility up to 47%. However, the majority of the experience is in claims incurred early durations (weighted average duration 5 years) and younger attained ages (weighted average attained age 58), with virtually no claims experience at attained ages 80+ where the bulk of claims are expected to occur. The Company did not believe it had a credible basis to modify the assumptions provided by Milliman. The Company performed Actual to Expected studies to validate at a high level that their overall morbidity assumption is reasonably in-line with emerging experience. The aggregate experience is validating at 105% of the current expected morbidity assumptions.

The study of actual to current Milliman (expected) showed the following ratios:

Exhibit 2: Incidence – overall A/E of 90% using current assumptions, but the slope of the table did not appear to be a good fit, with A/E increasing by policy duration for the issue ages with most claims exposure from the low 50%'s in durations 1 to 3 to near 120% by duration 10+. The issue age block with most policies (50-59) has A/E of 70%. The majority of claims are in issue ages 60+, duration 10+;

Exhibit 7: Resolutions shows the A/E vs. the original pricing resolution assumptions at 45% vs. the current assumptions (Exhibit 5) A/E of 77%. This reflect 965 actual resolutions, fairly consistent across all claim months. Exposure is limited for claims extending past 18 months. The revised assumptions are a better representation of actual experience than the pricing assumptions. The use of these assumptions without modification could, however, understate future projected claims, and would have a larger impact on policies with longer benefit periods.

Exhibit 8: Utilization – overall A/E of 85% vs. current assumptions. As the A/E vs. pricing assumptions was 67%, the current assumptions reflect a better representation of emerging experience than initial assumptions.

Exhibit 4 shows the A/E vs. the original pricing incidence assumptions. Actual claims to date have not exceeded expectations and show a 95% overall A/E. Highly adverse experience has been in early durations (4-9) for very young issue ages (<50), with some adverse experience at attained ages 75+.

The morbidity analysis compared claims incidence, termination rates (“resolutions”) and utilization assumptions. Note that when interpreting A/E for these assumptions, the following relationships occur with respect to the total claim cost:

<u>Assumption</u>	<u>A/E <100% impact</u>
Incidence	favorable
Resolution	adverse
Utilization	favorable

No sensitivity testing of the assumptions was provided, but given the improved fit of current assumptions vs. pricing assumptions, and the aggregate A/E of 105%, we believe that the basis for the revised morbidity assumption used in projections is accurately characterized as best estimate assumptions.

The Company indicated that claim reserves included margins (mid-single digit), but were not included in the derivation or validation of the projected morbidity assumptions. They are included in the historical experience, and were materially strengthened in 2012. The incurred claims reflects paid claims of about 37% of the total, with the reserve reflecting 63%. We estimated that the margin in the claim reserve was impacting the assumed historical incurred claims experience by up to 10%. As the historical loss ratio for this block, is only 9.4%, any adjustment for margin in historical claims would have an immaterial impact on the anticipated lifetime loss ratio.

Policy Terminations: Lapse & Mortality

Mortality

The mortality experience study was based primarily upon the Company’s analysis of expected mortality for underwritten life policies that also purchased LTC policies. This reflected 120,000 policies, and about half of the inforce LTC block. This experience was supplemented by conducting life underwriting on a sampling of LTC only policyholders. The final assumption “ended up between the matched and unmatched policy analysis”. Upon request, the company provided sample attained age mortality rates in comparison to a published mortality table. The Company mortality table includes ultimate mortality rates similar to about 75%-90% of the 1994 GAM. Mortality improvement is also assumed through attained age 105, but at a level less than that for the 2012 IAM projection scale G, and grade off at older attained ages. Use of future mortality improvement is reasonable.

The current best estimate assumption is significantly better than originally assumed in pricing (1983 IAM) which did not include mortality improvement. The impact is magnified due to the inclusion of a survivorship benefit.

Lapse

The lapse assumption was set to result in an overall total termination assumption that was in-line with the overall total termination experience to date, given the mortality assumption described above. Although lapse assumptions are disclosed using select & ultimate rates, since the policies are all past duration 6 and ranging through duration 14, the ultimate rates are more relevant to the projections. These lapse rates are assumed to be 0.5% for durations 9+ and based the Company's own experience for all LTC products from inception. The initial pricing ultimate lapse rate was 2.5%.

It should be noted that the actual aggregate total termination experience relative to original pricing assumptions is about 66%, with the majority of the high persistency in early durations is attributable to the mortality assumption (<33% A/E induration <7). Later durations have A/E of about 25% for lapse rates and 50% for mortality relative to original assumptions.

Assuming full credibility at 400 events, total termination rates are only partially credible at later durations (13+). The A/E ratios are stable for durations before and after this breakpoint. No concerns arose from the use of these assumptions.

Interest Rates

The loss ratio calculations use an interest rate which reflects the weighted average maximum valuation interest rate for the issue years of the product of 4.0%. This rate is reflective of the issue dates of the nationwide sales from 2003-2011 and consistent with the rate that would result if based on Virginia Only issues.

Other Assumptions:

Based on prior policyholder behavior experience, the projections reflect 90% of eligible policies will continue to purchase additional coverage. Given that 71% of in force policies use this option for increasing benefits, this assumption is material to the projection of future benefits and premiums.

The projections do not include any shock lapses, election of contingent benefit on lapse, or corresponding anti-selection. This is a not a material consideration as industry election rates of contingent benefits on lapse or lapses upon rate increase are less than 5%. We are comfortable that the projections are not materially distorted by excluding these assumptions.

Waived premiums are included in earned premium and incurred claims for historical experience, but are only are included in incurred claims projections. Although this slightly overstates future

and lifetime loss ratios, the Company “*did not believe this impacts our rate increase request, since we did not request the full amount we could actuarially justify*”.

Margins:

The Company indicated that no provision for moderately adverse experience was included in the original pricing or projection calculations. As indicated in the discussion of the morbidity assumptions above, the inclusion of future waived premiums result in overstating the incurred claims in the projection of future claims. We estimate the impact of these items as including an implicit margin in the claims of 4%.

Changes in distribution:

Section 10.F outlines the initial expected vs. actual distribution of in force policies. It was noted that several measures of distribution were materially different than expected. A younger average issue age (at least 5-10 years younger); and three times as many elections of the Automatic Benefit Increase option (5% expected vs, 15% actual) offset by the assumption that 25% would have no indexing option.

We asked the Company to restate the initial aggregate pricing loss ratio to reflect the actual distribution but they indicated that system limitations prevented this.

Financial Projections

We reviewed the financial projections. We were able to exactly match the accumulated value calculations of the historical experience and the present value calculation of the projected experience when all projection years (through 2096) were displayed. It should be noted that although sales stopped in 2011, historical and projected premiums continue to increase due to the high proportion of the policies that include future purchase options.

Data Limitations: It was noted that the projected premium and incurred claims reflected anomalies (negatives and trend breaks) in years after 2080. These modeling results are not material to the analysis due to the discounting factors to the date of the analysis (2015).

The projections are sensitive to two key assumptions – slope of the incurred claims and persistency of the block. We reviewed the trends in projected premiums, claims, and loss ratios over the projection period. The following trends were noted:

- Premium Persistency is in line with the assumed mortality and lapse rates adjusted for Additional Purchase options.
- The slope in the Company’s loss ratio projections is consistent with expectations, near 10% grading down to during the first 30 projection years to about 5% annually, and continuing to reduce until stable at the oldest ages.

We also reviewed the reasonableness of the initial projected premiums and claims (for 2016 & 2017) relative to the recent prior years' actual values. We found the starting period premiums, incurred claims and loss ratios to be reasonable given the assumptions outlined and prior trend in incurred claims in the Nationwide projections. The Virginia Only block projected claims on a basis consistent with the Nationwide experience and therefore did not reflect the recent substantially higher claims in the historical Virginia Only experience (VA Only historical LR of 18% vs. Nationwide of 9%).

We compared the premiums with and without the premium increase. Our review indicated that the rate increase was modeled with an assumed start date in 2017 anniversaries.

Although waiver of premium benefits were indicated to be included in both historical premiums and claims, the methodology to reflect premiums increases did not impact projected incurred claims. The claims projection "with rate increase" therefore did not vary from those without rate increase.

Loss Ratio Requirements: 14 VAC5-200-153

Original Anticipated Loss Ratio & Depletion of Margins:

The Original anticipated lifetime loss ratio without margin, was indicated by the Company to be 61%. This assumed a discount rate of 6.0%.

14VAC5-200-153.B.3.f requires that the actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted. **The Company indicated that the recalculated loss ratio was equal to 70% if using all original assumptions with the exception of substituting the valuation interest rate.** The Company did not provide a revised calculation of the initial loss ratio using the actual distribution of business issued citing system limitation. The Company also indicated that *"The premium rates for the RS series [policy forms RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)] were determined prior to rate stability regulations coming into effect. Therefore, the premium rates for these policy forms did not include any explicit composite margin."*

The Company indicated: *"For morbidity, it is not our own adverse morbidity experience that is causing us to file for a rate increase, it is the updated morbidity assumptions provided by our consultant, Milliman, that shows worse long-term morbidity that originally assumed...For terminations (deaths and lapses).. [experience] shows the significant deterioration in termination experience from original pricing." "In addition, the loss ratios ...show the lifetime loss ratio for each of the policy forms is above 100% (RS post-rate stability at 108.5%), clearly demonstrating that any margin that may have been included in the original pricing assumptions has now been exhausted."*

Typical margins assumed by industry in early post-rate stability blocks were 10% of claim. As such, with regards to an evaluation of the filing for deterioration in experience, **I agree that original (though unstated) margins have been exhausted.**

Per 14VAC5-200-153 B, the insurer may request a rate schedule increase less than what is required if the actuarial memorandum discloses the premium rate schedule increase that would be necessary to make the certification in subdivision 2a of the subsection. The actuarial memorandum includes such as disclosure and identifies the average rate increase that would be required as 68%. This is referenced within the report as the “full” rate increase.

Expected Loss Ratios:

Projections and loss ratios are presented on a “Virginia Rate basis” with best estimate assumptions and the average maximum valuation interest rate of 4.0%. No rate increases from other states are reflected in the historical or projected premiums. The “as reported by Company” projections below do not include any intentional explicit margins.

Nationwide:

a) Historical

- As reported by Company: 9.4%

b) Future:

- As reported by Company :
 - No rate increase: 151.5% With requested increase: 120.3%
- Adjusted for 4% claims overstatement due to waiver of premium:
 - No rate increase: 145.5% With requested increase: 115.5%

c) Lifetime, using filed assumptions:

- As reported by Company:
 - No rate increase: 108.5% With requested increase: 91.9%
- Adjusted for claims overstatement/margins:
 - No rate increase: 104.3% With requested increase: 88.3%
- Adjusted to reflect a 68% average increase in future premiums: 74.7%

Virginia Only: (no adjustments calculated, as they were not material to the Nationwide results)

a) Historical

- As reported by Company: 17.8%

b) Future:

- As reported by Company:
 - No rate increase: 150.4% With requested increase: 119.5%

c) Lifetime, using filed assumptions:

- As reported by Company:
 - No rate increase: 108.2% With requested increase: 91.9%

The Lifetime loss ratio projected by the Company is similar between the Nationwide and Virginia Only analyses. The “full” increase would return the loss ratio to a level close to the indicated initial expectation of 70%, without margins. If margins were included in the projection, they would increase the anticipated Lifetime Loss ratio, perhaps to the same level as the initial loss ratio augmented with margins of 10%. The Lifetime loss ratio resulting with the requested increase, does not include material margins for adverse deviation (only about 4%). Inclusion of larger margins in the projections could increase the Lifetime loss ratio to close to 100%.

Loss Ratio Test assuming requested rate increase:

14VAC5-200-153.C:

Minimum lifetime claims = 58% of Original Premiums + 85% Increased premiums

Nationwide basis: (\$million)

- Actual + Projected Claims = \$6,946.8
- Minimum lifetime claims = $.58 * \$6,400.0 + .85 * \$1,160.0 = \$4,698.0$ (requested basis) = PASS
- Minimum lifetime claims = $.58 * \$6,400.0 + .85 * \$2,898.2 = \$6,175.5$ (“full” basis) = PASS

Virginia Only basis: (\$million)

- Actual + Projected Claims = \$162.8
- Minimum lifetime claims = $.58 * \$150.5 + .85 * \$26.6 = \$109.9$ (requested basis) = PASS
- Minimum lifetime claims = $.58 * \$150.5 + .85 * \$66.5 = \$143.8$ (“full” basis) = PASS

The loss ratio test is met under both requested and “full” rate increase of 68% (reflecting moderately adverse experience). The filing complies with the requirements 14VAC5-200-153.C.

14VAC5-200-153.G.2: (replace 58% with Original lifetime loss ratio, if greater)

This test only applies if the majority of policies are eligible for the Contingent Nonforfeiture benefit. This is not the case, but has been included for informational purposes.

As noted above, given the material change in issue age and Automatic Benefit Increase distributions, it should be assumed that these high volumes cells were potentially underpriced, resulting in an aggregate pricing loss ratio, before margin, of greater than 70%. After reflecting a 10% margin on expected claim costs, we performed the test for compliance with both the 70% and an 85% assumed pricing loss ratio for both the requested and the “full” rate increases.

Minimum lifetime claims = 70% or 85% of Original Premiums + 85% Increased premiums

Nationwide basis:

Actual + Projected Claims (increased 10%) = \$7,623.4

Initial LR of 70% (no margin):

Minimum lifetime claims = .70 * \$6,400.0 + .85 * \$1,160.0 = \$5,466.1 (requested basis) = PASS

Minimum lifetime claims = .70 * \$6,400.0 + .85 * \$2,898.2 = \$6,943.5 (“full” basis) = PASS*

**(note that the 68% “full” increase is the maximum allowed under this requirement, assuming no margin in pricing or future claims)*

Initial LR of 85% (with margin, actual distribution stress):

Minimum lifetime claims = .85 * \$6,400.0 + .85 * \$1,160.0 = \$6,426.1 (requested basis) = PASS

Minimum lifetime claims = .85 * \$6,400.0 + .85 * \$2,898.2 = \$7,903.5 (“full” basis) = **FAIL**

The loss ratio test is met under both requested and “full” rate increase of 68% (reflecting moderately adverse experience) using the initial lifetime loss ratio of 70%. The 68% increase would not meet this test if the initial loss ratio (with margin and restated for distribution) was greater than 80%.

Other Considerations:

Reasonableness of initial pricing assumptions:

The assumptions underlying the initial rates were reviewed for reasonableness for the era when pricing occurred. This analysis was complicated by the fact that the benefits to inforce policies were amended in 2008, with no pricing adjustment or re-filed actuarial memorandum. **As quoted above, in the SERFF filing NWST-125349440 indicated that the rates had been reviewed at that time and found to remain sufficient for the benefits. No additional information supporting this assessment was available in that filing or requested with respect to this filing.**

- a) The underlying basis for the initial morbidity assumptions were based on a combination of the Milliman & Roberson Internal Guidelines for Long Term Care and various other studies

available at that time. The change in the slope from the initial assumptions to the current assumptions is consistent with industry trends in that early duration experience has been better than expected which would be expected to result in higher later duration claims. Although utilization has also been favorable, claim terminations rates have been unfavorable. Claim costs at a sample of ages using initial pricing assumptions are included in Appendix II and can be compared to similar claims costs resulting from current assumptions in Appendix I. The ratios are displayed in Appendix III. These exhibits show that absent changes to assumptions related to future persistency, a material increase in future claims at ages 75+ is expected for benefit periods of 6 or more years. For the 3 year benefit period, no increase is expected until attained ages 85+. This exhibit also supports the variation in the requested rate increase by benefit period. **By 2008, although Company experience would not yet have been credible, Milliman would have had updated studies.**

- b) Mortality assumptions used in the initial filing were based on the 1983 IAM table with no projection which would have been a common table at that time, as it was the current reserve mortality basis. No future mortality improvement was included. Mortality assumptions are now about 40% less than the prior assumptions for the ultimate mortality durations, before applying continued mortality improvement to 2029. Increased persistency produces higher expected future loss ratios.
- c) Original lapse rates used in the initial filing started at 4.0% and graded down to an ultimate level of 2.5% by duration 10. Current projections assume a 0.5% lapse rate. Increased persistency produces higher expected future loss ratios absent any other assumption changes.

The SOA Intercompany LTC studies had been updated in 2004 and 2007 since the initial pricing and described trends in various components of morbidity, lapse and mortality. It is not clear if these studies were reflected in the more recent assessment of rates in 2008.

Lifetime Loss ratio projection using premiums on “requested” increase basis for all years:

The Company provided an exhibit of the lifetime loss ratio reflecting the impact of applying the requested rate increase to historical and future premiums. This modified the historical loss ratio to 7.4%. The future loss ratio is 119.1% resulting in a lifetime loss ratio of 85.4%. These figures are those reported by the Company on a best estimate basis, and not adjusted for the possible claims margins or explicit margins for adverse deviation. **This exceeds the loss ratio threshold applied against premium increases of 85%.** This loss ratio supports the conclusion that, after inclusion of the requested increase, benefits are reasonable in relationship to the requested premium levels, had it been in place since issue.

Comparison to Current New Business rates:

The filing includes a comparison of the proposed rates to the current new business rates.[Premium Rate Compare RS post rate after increase to UU2016(1014)Rev VA.pdf] This comparison shows that after the increase, the revised premium rates are lower than the UU.LTC(1014)Rev new business premium rates for all policy types and issue ages. For the plans with no Automatic Benefit Increases, the increased rates range from about 50% of new rates at the youngest issue age band

(40) to about 70% at the oldest issue ages. For the plans with Automatic Benefit increases, the youngest issue age rates, after the requested increase are only about 35% of new business rates. For this plan, as issue ages increase, the gap in rates narrows such that the rates at the oldest issue ages are about 80% of similar new business rates. Further, the exhibit shows that the rate relativities are similar for the 3-year and 6-year benefit period, even though different levels of rate increase are reflected. Assuming that current rates reflect the same ratio of expected benefits to premium, this exhibit provides support for the variation in rate increase by benefit period.

Rate increases approved in other states:

We reviewed the status of approvals in other states Per the State Filing Grid as of 2/22/17. This grid included Annualized premium for the form, and is not split by pre vs. post rate stability regulation dates. The Company has business in force in 51 jurisdictions. To date they have received approvals or accepted increases in 27 states representing 40% of the in force premium. The weighted average rate increase approved for these states is slightly less than requested and varies with the Benefit period as requested: 3-year BP = 10%; 6-year BP = 23%; Lifetime BP = 26%. Four of the jurisdictions required phase in of the 6-year and lifetime BP rate increases over a 2 or 3 year period. Five others limited the increase for the 6-year and lifetime BP to 15% or 20%. Filings were not yet submitted in six states, representing 22% of premium. The pending filings (18 states, 38% of premium) indicate the same increases were requested as in Virginia with the exception of 2 states. One state reflects a 15% cap. The other lists ranges of increase, where the lower end of the range is similar to that requested, with exception for the lifetime benefit period where the pending increase exceeds 60%.

Conclusions

For this block of rate stabilization policies, given the magnitude of the requested rate increase, 14VAC-200-153 G.2 is not triggered. The minimum requirement is therefore 14VAC-200-153 C which requires that the accumulated value of incurred claims and the present value of future projected claims will not be less than the sum of the accumulated value of the initial earned premium and present value of future projected premiums prior to application of the increases times a loss ratio of 58% and 85% of the present value of future projected premiums in excess of the original premium level. **The table in the loss ratio section shows the lifetime and future loss ratios are met under all scenarios using the requested rate increase.** The “full” increase appears to be sufficient to address moderately adverse conditions in projections and a 10% margin in addition to the initially filed loss ratio.

The Company also stated that *“If the rate schedule increase of 68% were requested and implemented and the underlying assumptions with additional margin for moderately adverse conditions are realized no increase beyond 68% would be anticipated.”* The “full” increase appears to be sufficient to address moderately adverse conditions in projections and a 10% margin in addition to the initially filed loss ratio.

It is my opinion that the rate increase requested complies with the applicable Virginia regulations and Actuarial Standards of Practice and should be approved.

Reliance and Qualification

The purpose of this document is to communicate our review of this filing. The use of this report by parties outside of the Virginia Bureau of Insurance is unauthorized. Outside parties rely on this report at their own risk.

Our conclusions are based on information supplied by Northwestern Long Term Care Insurance Company both in the initial filing(s) and in their response to our questions. All correspondence is included in SERFF. This information was not verified, but we did review it for consistency and reasonableness. If any information was inaccurate, it may require us to revise our conclusions and opinions.



Sincerely,

Alice Fontaine, FSA, FCIA, MAAA

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July 31, 2017

MEMORANDUM

Subject: Northwestern Long Term Care Insurance Company
LTC Rate Filing: NWST-130932376

Dear Ms. Houser:

Thank you for our questions regarding the above filing on June 11, 2017. This filing was originally reviewed by Alice Fontaine. This is a post-Rate Stability (“**post-RS**”) rate increase filing. This filing includes three policy forms:

- RS.LTC.(1101), policies sold: 10/2003 - 7/2008
- RS.LTC.(0807), policies sold: 10/2003 - 7/2008
- RS.LTC.(0708), policies sold: 7/2008 - 10/2010

Northwestern Long Term Care Insurance Company’s (“**Northwestern’s**”) April 2, 2017 submission referred to the projected claim costs for this file. An insurance company will calculate projected values in an effort to calculate expected future values for a block of business. When future values cannot be estimated using its own data, the insurance company will use data from other sources. This is appropriate. In this case, Northwestern used Milliman data. Northwestern states they used Milliman data that reflected conservative underwriting. An adjustment for underwriting is appropriate.

Northwestern refers to the Milliman data as industry data. Milliman has collected data from the industry, however, they have not collected data from all carriers, and often, not all data from a carrier. Milliman has collected the data that a carrier is willing to give to Milliman. Often, this data is old data that the carrier no longer considers applicable. For example, the older data may have been underwritten using underwriting techniques that have since improved or the claims may have been paid using policy language that is no longer used. The terminology of “industry data” can be confusing. The Milliman data is from the industry, but it should not be confused with an industry standard. There is an industry standard. It is produced by the Society of Actuaries: the 2000-2011 LTC Intercompany Experience Study. Northwestern makes no reference to any

analysis regarding the industry standard. You may want to ask how the new incurred claims compare to the industry standard table. With the industry standard, expectations can be derived from newer policy issues.

For this filing, Northwestern experience indicates the incidence rates have an actual-to-expected (“A/E”) ratio of 95% (indicating that claims occur at a rate that is just slightly below expected). Utilization rates have an A/E of 67% (indicating that claims are paid an amount that is 67% of expected). Claim termination rates have an A/E of 45% (that is, the claim does not terminate as quickly as expected, indicating that claims lasts longer than expected).

As an actuary, one task is being able to accurately project future claims, so that any necessary rate increase may be made earlier, and smaller. Delays can significantly increase the amount of the rate increase. On the other side, it can be difficult to explain a rate increase without tangible evidence. For this filings, there is little tangible evidence (only the claim-termination rates). One thought is to, somewhat, hedge the risk and give a rate increase smaller than asked for, until some “hard” evidence of the increased claim costs is demonstrated. If you choose to ask the questions below, we should have better knowledge of what can actually be expected, primarily because any margins should be eliminated, perhaps leading to a choice of lesser extremes.

Regarding Northwestern’s results in this filing, there are 4 items that indicted they may have over-estimated their future claims:

1. Regarding Northwestern’s results, Item 11) of their April 10, 2017 response illustrates that claim reserves (see the “Change in Reserve” column) appear inordinately high, especially for 2015. This result often occurs when estimating a claim reserve without using any hindsight (for example, if the 12/31/2015 Incurred But Not Reported (“IBNR”) reserve was calculated at that time, we should expect a great deal of error when we look at that error in future years. If Northwestern was to calculate the IBNR, say at 12/31/2015, we would expect their estimate to have a high risk of being inaccurate. However, if Northwestern calculated the 12/31/2015 IBNR on 12/31/2016, they would have a one-year period of paid claims to help estimate the IBNR, thus reducing the risk of error in the estimation of the IBNR. This situation is generally referred to as a valuation date of 12/31/2015 and claims-paid-through date of 12/31/2016. Generally, I like to use a claims-paid-through period, or a look-back period of at least 18 months. Item 5), below, asks Northwestern to address this estimation by using historical data only through 12/31/2014 (and eliminate the 12/31/2015 estimate from the historical data) and to use paid claims through a more recent date (at least 12/31/2016) to estimate remaining claim reserves for claims incurred prior to 12/31/2014. This should enable Northwestern to present a much more accurate estimate of claims incurred prior to 12/31/2014. This issue is addressed in item 5) A, below, with the results illustrated in 5) B, below.
2. Item 11 of their 4/10/2017 response: Alice asked for their historical incurred claims by calendar year. This is not what Northwestern reported. For example, if Northwestern adjusted their claim reserve during 2012, for all prior years of incurral, the total change in reserve would show up only in 2012. The increase would not be spread among the years of incurral. For a concrete example: in item 12, Northwestern states they strengthened the claim reserve by \$10.5 million in 2012. The table in 2012, includes an \$18 million change in reserve: \$10.5 million for the reserve strengthening and the remainder

for claims incurred during 2012. The 2012 line for this table should indicate the reserve estimate for 2012 incurred claims, and the \$10.5 million reserve strengthening should be split among the appropriate years, with an interest discount to value the reserve change on the year of incurral. This issue is addressed in item 5) B, below.

3. Also, in Northwestern's answer to 11), they report using a utilization rate of 100%. Exhibit 10 states the Utilization A/E is 67%. Therefore, using Utilization = 100% in the reserve calculation means that utilization is at least 50% over-stated (100%/67%). When we know the actual Utilization rate (rather than just the A/E), we can expect the over-estimation to increase. This is not appropriate and represents additional margin. For Exhibit 1, a more appropriate utilization rate will lower all of claim reserves and thus all claim incurrals. This issue is also addressed in item 5) C, below.
4. To the extent that any of the 3 above items influenced Northwestern's comparison of their incurred claims with Milliman incurred claims, it influenced their estimate of future claim expectations, and raised the requested rate increase. For example, in 1, above, if table 11) was used as illustrated, it would appear that claims were increasing at a rate faster than actual. In 2, above, by overstating the latest claim reserve, it also appears that claims are increasing more rapidly than actual. In item 3, above: A) if claim reserves are not discounted to the year of incurral, claim are overstated, and B) a 50% margin will certainly lead to over-estimation in the increase in incurred claims.

The claims-incurred are complex issues. Other issues in the questions below are more straight forward. However, please let me know if further explanation will help.

When Northwestern addresses these issues, we may find that the resulting rate increase has decreased. Then the issue of what rate increase is really needed may be better addressed.

You may want to consider addressing the following issues with Northwestern:

Please provide all spreadsheet material in an unprotected Excel file, with all formulas viewable.

The following refers to Northwestern's April 10, 2017 objection response:

- 1) Item 4 states that waived premium was included in the projected claims but not included in the projected premiums. Please include the waived premiums with the earned premium.
- 2) Item 5.b states that Northwestern is able to calculate the expected L/R using the initial pricing assumptions and the expected sales distribution, but cannot calculate the L/R using the initial pricing assumptions and the actual sales distribution. Any rate increase should be calculated based on the initial pricing assumptions and the actual sales distribution. Please calculate the L/R by substituting the actual sales distribution for the expected sales distribution, or explain why this calculation, standard for any rate increase request, cannot be made.

- 3) Item 6.a indicates that the filing did not include a Margin for Adverse Experience (“MAE”). This is a post-Rate Stability (“Post-RS”) filing and an MAE is required. Please use the MAE from Northwestern’s most recent long-term care filing.
- 4) Item 6.b. discusses new projected claims. Please summarize your analysis by care setting (nursing home, assisted living facility and home care).
- 5) Incurred Claims
 - A) In the current format, it appears that the claims incurred in 2015 were inordinately large. The incurred claims will be more stable, and more explainable, with the use of a “look-back” period. Please change the valuation date (the as-of date) to 12/31/2014, and use paid claims through, at least, 12/31/2016 to calculate all claims incurred prior to 12/31/2014. This should provide Northwestern’s latest estimate of the claims incurred prior to 12/31/2014. (This is why year 2015 can be eliminated in 5)B, below.
 - B) The question in item 11 does appear to be answered. The question asks for incurred claims by calendar year. The “change in reserve” for any year, will have the changes made in the current year, for all claims incurred in the current year and in any prior year. Please use the following columns (I assume the “Remaining Reserve” is the Disabled Life Reserve (“DLR”), please comment if incorrect) and provide the following values for the years 2014 and prior:

<u>Calendar Year Incurred</u>	<u>Paid Claims</u>	<u>Disabled-Life Reserve Remaining at 12/31/2015</u>	<u>Incurred Claim</u>
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Please discount all claim payments to 6/30 of the year of incurral.

- C) When calculating the current reserve estimate for claims incurred prior to 12/31/2014, please do not use a utilization rate of 100%. This margin (at least 50 (100% ÷67%, before considering the actual utilization used in pricing) is inappropriate. Please define the current utilization rate, for each care setting, and use it in the current estimate of the reserve for claims incurred prior to 12/31/2014.
- D) When comparing Northwestern’s incurred claims with Milliman’s claim data, did the Northwestern estimate of incurred claims include the margin in the DLR? Were the new incurred claims calculated based on values in the Incurred Claims in item 11), rather than based on the correct incurred claims as asked for in 5)B, above? Please correct items in 5)A, 5)B and 5)C, then recalculate the expected incurred claims using Milliman’s data. Please consider comparing your results with the industry standard: the 2000-2011 SOA Intercompany LTC Experience Study.

- 6) This filing includes three policy forms. Each was filed with its own L/R. It appears that each policy form includes policies with the survivorship benefit and without the survivorship benefit. Northwestern has also requested a different rate increase based on benefit period (three different classifications). Policies should be segregated by policy form, premium paying period, and rate increase differentiation. Please do not include any policies that are paid-up due to the survivorship benefit. This produces 18 classes (3 forms × 2 premium paying periods × 3 different rate increase amounts).

Initially, Northwestern filed three policy forms, each with their own L/R expectation. The rate increases must be justified based on the initial policy filing L/R's. The steps are:

- I) Calculate the initial expected L/R – A), below
- II) Calculate the current expected – B), below
- III) Calculate the L/R with the increased premium— C), below
- IV) Justify the L/R – 7) A), below.

Some of the above classes may not qualify for a rate increase. If this applies, the “margin” from classes not receiving a rate increase should be used to offset the rate increase of classes receiving a rate increase. To do this, please calculate a L/R for the aggregated classes. The rate increase for the aggregated classes is the maximum amount of the sum of the rate increase for the separate classes. Some of the classes may be immaterial (less than 5% of the number of policies). For these immaterial classes, the rate increase will be based on the material classes.

Please calculate the L/R's exhibits, by calendar year, for the following:

- A) Initial Assumptions: please use the initial pricing assumptions and the actual sales distribution (including the MAE) to calculate expected L/R's for each class. Please aggregate the similar classes for the policy forms, producing 6 average L/R exhibits. If you are able to calculate the L/R for the 6 classes without first calculating the L/R for the 18 classes, please feel free to do so.
 - B) New Assumptions without the rate increase: please use historical values through 12/31/2014, and the new assumptions to project earned premiums and incurred claims (without including the MAE) after 12/31/2014. In addition, please calculate a L/R exhibit for all classes (aggregated).
 - C) New Assumptions with the rate increase: As in B), above, please produce exhibits that include two columns for the rate increase amount and the additional earned premium due to the rate increase. Also, please include a column that provides the expected total contract reserve (active life reserve) for each future year-end. This will illustrate the remaining contract reserve relative to the increased premium.
 - D) For each exhibit, please calculate annual and accumulated L/R's. Please use the average statutory maximum valuation interest rate for accumulating.
- 7) A) For each of the 6 classes, if the class is material (5% of more of the in-force policies for this filing, please use the 58%/85% Loss Ratio Test to evaluate the amount of the rate increase, in item 6) C. If

all material classes do not need a rate increase, please apply the 58%/85% L/R test to the aggregate class in item 6) C to calculate the maximum of the total rates increase for all classes.

Please note that 58% is the minimum amount to be used. If the L/R calculated in 6) A is greater than 58%, please use the L/R calculated in 6) A rather than 58%. (Using the 58% represents an attempt to lower the L/R for all historical premium and all future initial-premiums to 58%.) If the amount in 6) A is greater than 85%, please use the L/R calculated in 6) A rather than the 85% as well.

- B) In the Actuarial Memorandum, item 10.D states that commissions are paid on the increased premium. The intent of the 85% in the 58%/85% Loss Ratio Test is to demonstrate that the increased premium meets a L/R of at least 85%. Please explain how the increased portion of the rate increase can meet an 85% L/R if Northwestern must cover administrative expenses and pay commissions.
- 8) Item 13 indicates mortality improvements are included. Generally, mortality improvements and morbidity improvements are thought to go hand-in-hand – improvements in one category cannot exist without improvements in the complementing category. However, it appears Northwestern has assumed only mortality improvements. Mortality improvements alone indicate a margin, which is inappropriate for a rate increase filing. Please either add morbidity improvements or remove the mortality improvements. If you choose to add morbidity improvements, please illustrate that the L/R with both sets of improvements is less than or equal to the L/R without any improvements.

The following refers to the Actuarial Memorandum:

- 9) Item 10.D states that ultimate lapse rates for issue age 70+ are 0%. Often, lapse rates increase at higher attained ages. Please explain why ultimate lapse rates of 0% represent the best-estimate.
- 10) Item 10.F: The distribution does not sum to 100%. Please amend.

Thank you for your time. I look forward to your response.

Sincerely,

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August 31, 2017

MEMORANDUM

Subject: Northwestern Long Term Care Insurance Company
LTC Rate Filing: NWST-130932376

Dear Ms. Houser:

Thank you for your question today regarding the above filing. This is a Post-Rate Stability (“**Post-RS**”) rate increase filing. You asked if I could have the carrier, Northwestern Long Care Insurance Company (“Northwestern”), confirm their justification of the requested rate increase for the three policy forms referenced in this filing:

- RS.LTC.(1101), policies sold: 10/2003 - 7/2008
- RS.LTC.(0807), policies sold: 10/2003 - 7/2008
- RS.LTC.(0708), policies sold: 7/2008 - 10/2010

Alice Fontaine performed most of the review for this filing.

I have the following questions for Northwestern:

Thank you for your response on April 10, 2017. I have two requests as a follow-up to your response:

- 1) In the file, “VA Response Letter Dated 04102017 RS RATES - Post.pdf,” your response to item 5.a indicated that the initial expected loss ratio is 70%. Item 5.b indicated that there was no margin for adverse experience (“**MAE**”). MAE is required for Post-Rate Stability filings. In Northwestern Long Term Care Insurance Company’s filing NWST-130932373, the statement is made that there is no MAE but there is a 25% margin. If the same situation (that is, there is no MAE but there is a margin) occurs in this filing, please include the margin as the MAE. Please use the initial 70% loss ratio and the MAE to calculate the total Expected Loss Ratio.

Please amend the Actuarial Memorandum.

- 2) In the Actuarial Memorandum and in the supporting Loss Ratio calculation, you refer to the 58%/85% Loss Ratio Test to justify the amount of the requested rate increase. Please use the Expected Loss Ratio, including the MAE, that was intended for the policy forms in this filing, rather than the 58% as in the title of this Loss Ratio Test. Also, if the Expected Loss Ratio is greater than 85%, please use the Expected Loss Ratio, rather than the 85%, in the Loss Ratio Test.

Please submit an amended Actuarial Memorandum and a copy of the Loss Ratio Test. The Loss Ratio test should be submitted as an unprotected Excel file with all formulas visible.

Thank you for your time. I look forward to your response.

Janet, please let me know if I can provide further assistance.

Sincerely,

Robert W. Darnell, ASA, MAAA
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October 3, 2017

Mr. Robert F. Grissom
Chief Insurance Market Examiner for Market Regulation, Life and Health Division
Bureau of Insurance
Virginia State Corporation Commission
P.O. Box 1157
Richmond, VA 23218

Re: Long-Term Care Rate Increase Filing
Northwestern Long Term Care Insurance Company – NWST-130932376

Dear Mr. Grissom:

Northwestern Long Term Care Insurance Company (“**Northwestern**”) submitted this filing. The filing covers three policy forms: RS.LTRC.(1101), RS.LTC.(0807) and RS.LTC.(0708). All policies for these forms were sold after the enactment of Rate Stability.

For this filing, I was requested to provide information regarding this rate increase and the 58%/85% Loss Ratio Test. The request specifically questioned if the Loss Ratio Test was passed using the greater of: 1) the 58% loss ratio, or 2) the loss ratio used in the initial pricing.

This response is intended to answer the question above and is not intended, and should not be used, for any other purpose.

Northwestern reported that the initial-pricing L/R was 61% using a 6% interest rate. Using the statutory maximum valuation interest rate (4%), Northwestern reports that the loss ratio is 70%. Northwestern does not mention the Margin for Adverse Experience. Also, Northwestern does not mention if any Margin for Adverse Experience was included with this loss ratio.

When applying the 58% Loss Ratio Test using the 70% initial-pricing loss ratio, the test becomes a 70%/85% Loss Ratio Test. This filing passes the 70%/85% Loss Ratio Test.

If the 70% does not include the Margin for Adverse Experience, the Margin should be added to the initial loss ratio prior to the test. In other filings, Northwestern has used a Margin for Adverse Experience of 25%. Applying the 25% margin to the 70% loss ratio produces a new loss ratio of $70\% \times 1.25 = 87.5\%$. Applying the 87.5% loss ratio to the 58%/85% Loss Ratio Test makes this a 87.5%/87.5% Loss Ratio Test. This rate increase filing passes the 87.5%/87.5% Loss Ratio Test.

The Loss Ratio Tests are passed for Virginia-only experience and nationwide experience.

Reliances and Limitations

I relied upon information provided by the Northwestern Long Term Care Insurance Company. The information was not verified, but it was reviewed for consistency and reasonableness. If any information

Letter to Mr. Robert Grissom
Long-Term Care Rate Increase Filing
Northwestern LTCIC – NWST-130932376

was incorrect, it may require the information in this report to be revised, including any conclusions and opinions.

The purpose of this document is to communicate the review of this filing to the Virginia Bureau of Insurance. This document was prepared for, and is only to be relied upon by, the Virginia Bureau of Insurance. This report has been prepared in conformity with its intended utilization by persons technically competent in the areas addressed and for the stated purposes only. Judgments as to the data and conclusions contained in this document should be made only after studying this document in its entirety, because conclusions reached by a review of isolated sections may be incorrect.

The review of this filing was performed according to 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans.”

Qualifications

I, Robert W. Darnell, am a member of the American Academy of Actuaries. I meet the Academy’s Qualification Standards for issuing this report.

State: Virginia **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Post Submission Update Request Processed On 10/30/2017

Status: Allowed
Created By: Annette HuttI
Processed By: Janet Houser
Comments:

Company Rate Information:

Company Name:Northwestern Long Term Care Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	68.000%	27.000%

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Filing Company: Northwestern Long Term Care Insurance Company

Form Schedule

Lead Form Number: 2016 LTC Risk Mitigation								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 11/06/2017	Policyowner Notification Letter	90-2578 LTC (0417)	OTH	Initial		40.200	90-2578 (VA) rev110617.pdf
2	Approved 11/06/2017	Personalized Options Form	90-2578 LTC OPTIONS FORM (0417)	AEF	Initial		41.600	90-2578 LTC Options Form (VA) 110617.pdf
3	Filed 11/06/2017	Policyowner Notification Letter (Waiver)	90-2578 LTC (Waiver) (0417)	OTH	Initial		40.300	90-2578 LTC (Waiver) (0417) rev110617.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy. We value you as a policyowner and understand that a premium increase may be unsettling. Please know that we are committed to helping you understand your options so that you can make the best decision for you. Please read this letter carefully and in its entirety. It contains important information about your coverage and the benefit options available to you.

About this Increase

When your premium was originally determined, it was based in part on assumptions about how long policies stay in force, which includes mortality (that rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual experience has been significantly different. Policies are staying in force longer because people are living longer and more people are keeping their policies in force rather than voluntarily lapsing them. This means that more insureds are reaching typical long-term care ages, ultimately leading to more claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Important information about the premium increase for your policy is provided in the following chart. [As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]

Premium and Benefit Breakdown

[POLICY BENEFIT]	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx Without the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$0,000.00] [00%]	[00/00/0000]
[MML/MDL] [\$xx,xxx With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00] [00%]	[00/00/0000]

[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.] [To date you have declined one AAPB increase.] [After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia as authorized by the Virginia Bureau of Insurance. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy. In the event of a future increase, similar options will be available to you. The option to reduce benefits is available at any time.

Understanding your Options

If you do not want to or cannot pay the increased premium, you have several options available to help reduce the impact of the increase.

- **Policy Change Options:** We've included a detailed list of policy change options that are available to help offset the premium increase. These options involve reducing the level of benefits available under your policy with a corresponding reduction in your premium.
- **Personalized Options Form:** We've also provided you with an illustration of your current key policy benefits that shows how your premium would change if you elect to reduce one of these benefits.
- **Need Assistance:** If you would like to see what your premium would be if you made more than one change to your policy, or you want to consider changing a benefit not illustrated in the Personalized Options Form, **please contact our customer care team at [888-888-8888]**. We will be happy to provide you with this information and answer questions about these options.

We recommend that you review all options available to you, including paying the increased premium and reducing your available benefits, with your family members and financial advisor to determine the approach that is most appropriate to your needs. You may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state if you need additional counseling to determine how to proceed. Please go to www.shiptalk.org to find the nearest SHIP to you.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

Next Steps – Decision required by [anniversary date]

NO ACTION is needed if you decide to accept the premium increase. If we do not hear from you about electing a policy change option by [anniversary date], we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [anniversary date] to revise the payment amount.

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by [anniversary date]. You will receive a premium notice reflecting

the increased premium prior to your anniversary date unless you make a change before [25 days prior to anniversary date]. However if we receive your change request by [anniversary date] we will make the change and send you a revised premium notice.

- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at [888-888-8888].
- Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Policy Change Options sections.]]

Importance of LTC Insurance

The need for care can be one of the most significant challenges a person can face, both personally and financially. We have seen the difference this insurance has made in the lives of our customers and their family members. Although the cost for this insurance is increasing, it provides valuable coverage that may not be available from health insurance or government programs.

For Further Assistance

We are committed to ensuring that long-term care benefits will be available to you when you need them. Our dedicated customer care team at [888-888-8888] is here to help you understand this increase and your options Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care
Insurance Company

Enclosures: Personalized Options Form

Policy Change Options

If you decide that you would like to reduce your available benefits in order to reduce the premium increase, there are several options available to you.

Each option should be viewed in light of your individual insurance needs and financial situation, and you should consult with family members and advisors before making a change. Please be advised that, once you make an election that results in a reduction of your benefits, you may not be able to increase your benefits at a later time, even if you offer to pay the increased premium amount that results from the coming premium increase.

The following options can help offset your premium increase ¹:

- Reduce the **maximum amount the policy will pay** for each month/day of your care (Maximum Daily/Monthly Limit). ²
- Reduce the **minimum length of time your policy will pay benefits**³ once you begin to use benefits (Benefit Period). This will reduce the total amount of benefits payable under your policy (Benefit Account Value).
- Increase the **length of time you'll pay for your care** before the policy begins to pay benefits (Elimination Period or Beginning Date).
- [Reduce the **amount that your Daily/Monthly Limit increases each year** (inflation protection).]
- **[Drop your current inflation protection.]**
- **Stop paying policy premiums and keep a reduced policy.** ([Contingent Benefit Upon Lapse/Non-Forfeiture Option].) This benefit is based on the greater of 100% of the sum of all premiums paid or [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. [This option is only available within 120 days of the premium increase effective date.] By electing this option you will be significantly reducing your policy benefits so careful consideration should be given
- **[Drop your Non-Forfeiture benefit]**
- **[Drop your Survivorship benefit]**

¹ Please refer to your policy for definitions of the terms included in these options.

² If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

³ If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

Important Information: As you consider reducing your benefits, it's very important to understand the impact the change will have if you need to utilize your coverage in the future. The costs of care are rising and are expected to continue to rise. By reducing benefits, you are reducing the coverage that will be available to pay for future care. Please go to www.northwesternmutual.com/costofcare to view the average cost of care in your state.

Please be aware that the changes listed above may not be of equal value. For more details please review the New Premium listed for each available change on Personalized Options Form.

You have the right to a revised rate or premium schedule upon request.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Important Information Regarding [Contingent Benefit Upon Lapse/Non-Forfeiture Option]

If you allow your policy to lapse [within 120 days of your policy anniversary date of **[anniversary date]**] we will reduce your policy limit (Benefit Account Value) and convert your policy to a paid-up status with no future payment of premiums required. By exercising this option you are significantly reducing your policy benefits so you should give careful consideration to the terms of this option before selecting it. The following terms apply if you exercise this [Contingent Benefit Upon Lapse/Non-Forfeiture Option]:

- No benefits will be paid in excess of your new Benefit Account Value. The new Benefit Account Value will be the greater of 100% of the sum of all premiums paid or [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Benefits will be paid subject to the [Maximum Daily Limit] / [Maximum Monthly Limit] benefit levels (and other coverage limits) in effect at the time you convert your policy to paid-up status.
- All optional additional benefit riders will automatically terminate.
- [No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]
- All other applicable policy provisions, conditions, and limitations will remain in effect.
- In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	<p>Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect.</p> <p>Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.</p>	<p>[\$00,000.00]</p> <p>Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.</p>	<p>[\$00,000.00]</p> <p>[Already at State Minimum]</p>	<p>[\$00,000.00]</p> <p>[N/A]</p>	<input type="checkbox"/>

[Benefit Period]	[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period). Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).	[Lifetime / Unlimited Benefit]	[6 year Benefit Period.] [\$MML/\$MDL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$0,000.00]	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period) Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	
[Inflation Protection]	[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]	[Automatic Benefit Increase (ABI) [5][x]%] [Automatic Additional Purchase Benefit (AAPB)]	[ABI 4%] [ABI 3%] [AAPB at your current benefit amount] [\$0,000.00] [AAPB with no further increases] [\$0,000.00]	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	[Reduce the minimum length of time your policy will pay benefits.] Note: This will reduce the total amount of benefits	[6 year Benefit]	[3 year Benefit Period.] [\$MML/\$MDL] x [36 months or 3*365 days]	[\$0,000.00]	<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		= Benefit Account Value (BAV) of \$00,000.00]		
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit. This benefit is based on the greater of 100% of the sum of all premiums paid or [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by [anniversary date] and the changes will be effective as of your policy anniversary date of [anniversary date]. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter and a copy of this Personalized Options Form. The copy of this form should be attached to, and made part of your policy.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxxx]

Signature of Policyowner: _____ Date: _____



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]

[LIFE ADDRESS2]

[LIFE ADDRESS3]

[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy.

Since you are currently receiving not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated below will become payable in the future if you recover and the Waiver of Premium provision is no longer in effect.

About this Increase

When your premium was originally determined, it was based in part on assumptions about how long policies stay in force, which includes mortality (that rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual experience has been significantly different. Policies are staying in force longer because people are living longer and more people are keeping their policies in force rather than voluntarily lapsing them. This means that more insureds are reaching typical long-term care ages, ultimately leading to more claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Important information about the premium increase for your policy is provided in the following chart.

Premium and Benefit Breakdown

POLICY BENEFIT	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx] [With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00]	[00/00/0000]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

Understanding your options

In the event that you recover and premium payments become payable we will contact you at least 75 days before premiums resume to provide you with the option to reduce your benefits to help offset the premium increase. The availability of these options will vary according to the specifics of the policy you purchased, changes made during the lifetime of the policy, and benefits you have received. In the event of a future increase, similar options will be available to you. Policy change options may include:

- Reducing the maximum amount the policy will pay for each month/day of care
- Reducing the minimum length of time your policy will pay benefits
- Increasing the length of time you'll pay for your care
- Changes to inflation protection you may have purchased
- Removing additional benefits you may have purchased such as Non-Forfeiture or Survivorship benefits
- Stopping paying premiums and keep a reduced policy (Contingent Benefit Upon Lapse). This benefit is based on the greater of 100% of the sum of all premiums paid or [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. This option is only available within 120 days of the premium increase effective date.

***Important information:* The options described above may not be of equal value. In the case of a partnership policy, some benefit reduction options may result in the loss of partnership status that may reduce policyholder protections. You have the right to a revised rate or premium schedule upon request.**

For further assistance

Our dedicated customer care team at [888-888-8888] is here to help you with any questions you have about this increase Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care Insurance Company

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Rate Information

Rate data applies to filing.

Filing Method: Electronic
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: %
 Effective Date of Last Rate Revision:
 Filing Method of Last Filing:
 SERFF Tracking Number of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Northwestern Long Term Care Insurance Company	68.000%	27.000%	\$1,304,267	1,971	\$4,830,620	30.000%	0.000%

SERFF Tracking #:

NWST-130932376

State Tracking #:

NWST-130932376

Company Tracking #:2016 LTC RISK MITIGATION RS RATES -
PO...**State:**

Virginia

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2016 LTC Risk Mitigation

Project Name/Number:

2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates for RS.LTC.(1101), RS.LTC.(0807) and RS.LTC.(0708)	RS.LTC.(1101), RS.LTC.(0807), RS.LTC.(0708)	Revised	Previous State Filing Number: Percent Rate Change Request: 27	RATE TABLES Update RS post rate (VA).pdf,

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	40.20	53.50	66.40	154.60	224.80	300.70	2.10	4.90	10.30
41	41.80	55.90	69.40	155.50	226.00	302.30	2.30	5.10	10.80
42	43.70	58.40	72.50	156.30	227.10	303.70	2.40	5.40	11.30
43	45.50	60.90	75.80	157.20	228.40	305.00	2.50	5.90	11.80
44	47.50	63.60	79.20	158.00	229.40	306.30	2.60	6.10	12.50
45	49.50	66.50	82.80	158.70	230.30	307.30	2.90	6.40	13.00
46	51.70	69.40	86.60	159.40	231.30	308.40	3.00	6.90	13.70
47	53.90	72.50	90.50	160.10	232.00	309.30	3.20	7.10	14.30
48	56.20	75.80	94.50	160.70	232.60	310.10	3.40	7.50	15.10
49	58.60	79.10	98.80	161.30	233.30	310.70	3.60	8.00	15.90
50	61.20	82.60	103.40	161.70	233.90	311.20	3.90	8.40	16.50
51	63.80	86.30	108.00	162.00	234.30	311.60	4.10	8.90	17.30
52	66.60	90.10	112.80	162.40	234.50	312.30	4.30	9.40	18.20
53	69.40	94.10	118.00	162.70	234.80	312.80	4.50	9.90	19.00
54	72.50	98.30	123.40	162.80	234.90	313.30	4.70	10.50	19.90
55	75.60	102.60	128.80	162.90	235.00	313.80	5.10	11.10	20.90
56	80.10	108.80	136.60	164.80	237.50	314.90	5.40	11.90	22.20
57	84.80	115.40	145.00	166.70	240.00	317.90	5.80	12.60	23.40
58	89.90	122.30	153.70	168.40	242.40	320.80	6.30	13.60	24.80
59	95.30	129.60	162.90	170.00	244.50	323.40	6.60	14.50	26.40
60	101.00	137.40	172.80	171.40	246.50	325.80	7.00	15.50	28.00
61	107.80	146.80	184.60	174.20	250.40	330.60	7.60	16.60	29.80
62	115.10	156.80	197.10	176.90	254.00	335.30	8.30	17.90	31.90
63	122.80	167.40	210.60	179.50	257.50	339.60	8.90	19.30	33.90
64	131.00	178.80	224.90	181.80	260.80	343.60	9.70	20.80	36.30
65	139.90	190.90	240.20	184.00	263.80	347.20	10.30	22.40	38.70
66	154.30	210.60	265.10	192.50	275.90	363.10	11.60	24.90	42.80
67	170.20	232.40	292.50	201.20	288.40	379.20	13.00	27.60	47.20
68	187.80	256.30	322.80	209.90	301.00	395.50	14.30	30.90	52.10
69	207.10	282.80	356.20	218.60	313.60	411.80	16.00	34.30	57.60
70	228.40	312.00	393.10	227.50	326.30	428.20	17.90	38.00	63.40
71	252.60	344.80	434.60	237.60	341.30	447.60	19.90	42.40	70.20
72	279.20	381.00	480.40	243.30	356.10	467.20	22.30	47.30	77.70
73	308.80	421.10	531.10	246.20	371.10	486.70	24.80	52.50	85.90
74	335.10	465.50	587.00	250.90	385.90	506.40	27.20	58.40	95.00
75	343.10	514.40	649.00	252.50	400.50	525.30	28.10	65.00	105.00
76	372.80	558.10	704.30	259.80	412.80	542.00	30.80	71.10	114.30
77	405.00	605.50	764.40	267.00	424.80	558.40	33.80	77.80	124.40
78	439.90	656.90	829.70	273.90	436.40	574.10	37.10	85.00	135.50
79	477.90	712.60	900.50	280.20	447.40	589.30	40.80	93.00	147.40

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	519.20*	773.10*	977.30*				44.70*	101.60*	160.40*
81	557.30*	827.80*	1,046.50*				48.30*	109.60*	172.40*
82	598.10*	886.30*	1,120.60*				52.40*	118.30*	185.10*
83	641.90*	948.90*	1,200.00*				56.80*	127.40*	198.80*
84	689.00*	1,016.00*	1,284.90*				61.40*	137.30*	213.60*
85	739.40*	1,087.80*	1,375.90*				66.50*	148.10*	229.50*
86	776.60*	1,139.30*	1,441.40*				70.10*	155.40*	240.40*
87	815.60*	1,193.30*	1,510.20*				73.90*	163.00*	251.70*
88	856.60*	1,249.80*	1,582.10*				77.90*	171.00*	263.60*
89	899.60*	1,309.00*	1,657.50*				82.10*	179.40*	276.10*
90	944.80*	1,371.00*	1,736.40*				86.50*	188.30*	289.40*
91	978.30*	1,418.00*	1,798.80*				89.80*	195.00*	300.60*
92	1,013.10*	1,466.60*	1,863.40*				93.00*	202.00*	312.10*
93	1,049.00*	1,517.00*	1,930.40*				96.50*	209.10*	324.20*
94	1,086.20*	1,569.00*	1,999.70*				100.20*	216.50*	336.70*
95	1,124.80*	1,622.80*	2,071.40*				103.80*	224.40*	349.80*
96	1,160.80*	1,677.40*	2,148.60*				107.20*	232.90*	364.90*
97	1,197.90*	1,733.80*	2,228.60*				110.80*	241.80*	380.90*
98	1,236.20*	1,792.00*	2,311.70*				114.50*	251.10*	397.30*
99	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
100	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
101	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
102	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
103	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
104	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
105	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
106	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
107	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
108	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
109	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*
110	1,275.80*	1,852.40*	2,397.70*				118.20*	260.50*	414.60*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	32.50	41.60	50.20	121.70	173.90	228.80	2.00	4.10	7.00
41	33.80	43.50	52.40	122.40	174.90	230.20	2.10	4.30	7.40
42	35.20	45.40	54.70	123.20	176.00	231.70	2.20	4.50	7.80
43	36.60	47.30	57.20	124.00	177.00	233.00	2.30	4.80	8.20
44	38.20	49.40	59.70	124.70	177.90	234.30	2.40	5.00	8.70
45	39.70	51.50	62.40	125.40	178.90	235.30	2.60	5.30	9.10
46	41.40	53.60	65.10	126.10	179.90	236.50	2.80	5.60	9.60
47	43.00	56.00	68.10	126.70	180.60	237.50	3.00	5.90	10.10
48	44.80	58.40	71.10	127.40	181.40	238.40	3.20	6.30	10.70
49	46.60	60.90	74.40	127.90	182.10	239.30	3.30	6.60	11.20
50	48.60	63.50	77.60	128.40	182.80	240.10	3.40	6.90	11.80
51	50.60	66.30	81.10	128.80	183.40	240.80	3.60	7.30	12.50
52	52.70	69.00	84.80	129.30	183.90	241.30	3.90	7.80	13.10
53	54.90	72.00	88.50	129.60	184.40	241.80	4.10	8.10	13.80
54	57.10	75.10	92.40	130.00	184.60	242.20	4.40	8.60	14.60
55	59.50	78.40	96.60	130.10	184.90	242.50	4.50	9.00	15.20
56	63.00	83.00	102.40	132.00	187.60	245.80	4.80	9.80	16.40
57	66.70	88.10	108.80	133.90	190.00	249.10	5.30	10.30	17.30
58	70.60	93.40	115.40	135.50	192.40	252.20	5.50	11.00	18.50
59	74.70	99.00	122.50	137.30	194.80	255.20	5.90	11.60	19.60
60	79.10	105.00	130.00	138.80	196.90	258.10	6.40	12.40	20.90
61	84.50	112.30	139.10	141.60	200.80	262.90	6.80	13.40	22.40
62	90.20	120.00	148.90	144.20	204.50	267.70	7.40	14.40	23.90
63	96.30	128.30	159.30	146.70	208.10	272.20	7.90	15.50	25.60
64	102.90	137.10	170.30	149.20	211.60	276.80	8.50	16.60	27.40
65	109.80	146.50	182.30	151.60	215.00	280.90	9.10	18.00	29.40
66	121.20	162.00	201.50	159.20	225.80	295.10	10.20	20.00	32.60
67	133.90	179.00	223.00	166.90	236.90	309.40	11.30	22.40	36.00
68	147.70	197.90	246.60	174.90	248.10	324.10	12.80	24.90	39.90
69	163.10	218.60	272.70	182.90	259.80	339.20	14.20	27.80	44.20
70	180.20	241.80	301.60	191.10	271.30	354.40	15.70	30.80	49.00
71	199.50	267.80	334.40	200.20	284.50	371.70	17.60	34.40	54.30
72	221.00	296.60	370.60	205.60	297.80	389.40	19.60	38.30	60.30
73	244.80	328.50	410.80	208.70	311.30	407.20	21.90	42.80	67.00
74	266.20	364.00	455.40	213.40	324.60	425.00	23.90	47.50	74.40
75	273.00	403.10	504.80	215.50	338.10	442.80	24.70	53.00	82.60
76	297.00	438.40	549.30	222.00	348.60	457.00	27.10	58.00	90.00
77	323.20	476.60	597.50	228.20	358.90	471.10	29.60	63.50	98.20
78	351.60	518.30	650.10	234.30	368.80	484.60	32.50	69.50	107.00
79	382.60	563.50	707.30	239.80	378.10	497.80	35.50	76.00	116.60

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	416.30*	612.60*	769.50*				38.90*	83.30*	127.30*
81	447.40*	657.40*	825.90*				42.10*	90.00*	137.00*
82	480.80*	705.40*	886.50*				45.50*	97.10*	147.40*
83	516.70*	756.90*	951.50*				49.30*	104.90*	158.70*
84	555.40*	812.30*	1,021.20*				53.20*	113.10*	171.00*
85	596.90*	871.50*	1,096.00*				57.60*	122.30*	184.00*
86	628.00*	915.40*	1,151.90*				60.70*	128.50*	193.30*
87	660.80*	961.50*	1,210.70*				63.90*	135.10*	203.20*
88	695.30*	1,009.90*	1,272.40*				67.30*	142.10*	213.50*
89	731.60*	1,060.80*	1,337.30*				70.80*	149.50*	224.40*
90	769.80*	1,114.30*	1,405.60*				74.60*	157.10*	235.80*
91	799.00*	1,155.40*	1,460.00*				77.30*	163.10*	245.60*
92	829.30*	1,198.10*	1,516.70*				80.10*	169.10*	255.70*
93	860.80*	1,242.50*	1,575.60*				83.00*	175.40*	266.20*
94	893.40*	1,288.40*	1,636.70*				86.10*	182.00*	277.30*
95	927.30*	1,336.10*	1,700.30*				89.20*	188.80*	288.70*
96	958.60*	1,383.10*	1,765.90*				92.30*	196.00*	301.60*
97	991.00*	1,431.90*	1,834.20*				95.50*	203.50*	315.00*
98	1,024.50*	1,482.40*	1,905.00*				98.70*	211.30*	329.00*
99	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
100	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
101	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
102	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
103	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
104	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
105	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
106	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
107	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
108	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
109	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*
110	1,059.10*	1,534.60*	1,978.60*				102.10*	219.30*	343.70*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	34.90	46.50	57.70	134.40	195.50	261.60	1.90	4.30	9.00
41	36.40	48.60	60.30	135.20	196.50	262.90	2.00	4.40	9.40
42	38.00	50.80	63.10	136.00	197.50	264.00	2.10	4.80	9.90
43	39.60	53.00	65.90	136.70	198.50	265.20	2.20	5.00	10.40
44	41.30	55.40	68.90	137.40	199.40	266.20	2.40	5.30	10.80
45	43.10	57.80	72.00	138.10	200.30	267.30	2.40	5.60	11.30
46	45.00	60.40	75.30	138.60	201.00	268.10	2.60	5.90	12.00
47	46.90	63.00	78.70	139.30	201.80	269.00	2.90	6.30	12.50
48	49.00	65.90	82.30	139.70	202.40	269.50	2.90	6.50	13.00
49	51.00	68.80	85.90	140.10	202.90	270.10	3.10	7.00	13.80
50	53.20	71.90	89.80	140.60	203.30	270.70	3.30	7.30	14.40
51	55.60	75.00	93.90	140.90	203.80	271.10	3.40	7.80	15.10
52	57.90	78.40	98.20	141.20	204.00	271.60	3.70	8.10	15.90
53	60.40	81.90	102.60	141.40	204.10	272.10	4.00	8.60	16.60
54	63.00	85.50	107.30	141.50	204.10	272.60	4.10	9.10	17.30
55	65.80	89.30	112.10	141.60	204.10	273.10	4.30	9.60	18.20
56	69.60	94.60	118.80	143.30	206.50	273.80	4.70	10.30	19.20
57	73.80	100.30	126.00	144.90	208.80	276.50	5.00	11.10	20.40
58	78.20	106.40	133.60	146.40	210.60	279.00	5.40	11.80	21.60
59	82.80	112.80	141.70	147.80	212.60	281.20	5.80	12.50	22.90
60	87.80	119.50	150.30	149.10	214.40	283.30	6.20	13.50	24.20
61	93.70	127.60	160.60	151.50	217.80	287.40	6.60	14.50	25.90
62	100.00	136.30	171.50	153.90	221.00	291.50	7.30	15.60	27.60
63	106.80	145.50	183.00	156.00	224.00	295.40	7.70	16.90	29.60
64	114.00	155.40	195.50	158.10	226.90	298.90	8.40	18.10	31.60
65	121.70	166.00	208.90	160.10	229.40	301.90	9.00	19.40	33.70
66	134.20	183.10	230.50	167.40	240.00	315.80	10.00	21.60	37.20
67	148.10	202.00	254.40	174.90	250.80	329.70	11.20	24.10	41.00
68	163.20	222.90	280.70	182.50	261.80	343.90	12.50	26.80	45.40
69	180.10	245.90	309.80	190.20	272.80	358.00	14.00	29.80	50.10
70	198.70	271.30	341.80	197.80	283.80	372.50	15.50	33.10	55.30
71	219.60	299.90	377.90	206.70	296.60	389.20	17.40	36.80	61.10
72	242.80	331.40	417.70	211.60	309.60	406.30	19.40	41.00	67.60
73	268.50	366.30	461.80	214.10	322.60	423.30	21.60	45.60	74.80
74	291.50	404.80	510.50	218.20	335.60	440.20	23.50	50.80	82.60
75	298.40	447.40	564.30	219.50	348.30	456.80	24.40	56.50	91.30
76	324.10	485.30	612.40	226.00	359.00	471.30	26.80	61.90	99.50
77	352.10	526.50	664.70	232.20	369.40	485.40	29.40	67.60	108.30
78	382.60	571.30	721.50	238.10	379.40	499.20	32.20	73.90	117.80
79	415.60	619.80	783.00	243.60	389.00	512.50	35.40	80.80	128.20

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	451.50*	672.30*	849.80*				38.80*	88.50*	139.50*
81	484.60*	719.80*	910.00*				42.10*	95.40*	149.90*
82	520.10*	770.60*	974.50*				45.50*	102.90*	160.90*
83	558.20*	825.10*	1,043.50*				49.30*	110.80*	172.90*
84	599.10*	883.40*	1,117.40*				53.40*	119.50*	185.80*
85	643.00*	945.90*	1,196.50*				57.80*	128.80*	199.40*
86	675.30*	990.60*	1,253.50*				61.00*	135.10*	208.90*
87	709.20*	1,037.60*	1,313.10*				64.30*	141.80*	218.90*
88	744.80*	1,086.80*	1,375.80*				67.80*	148.80*	229.20*
89	782.30*	1,138.30*	1,441.30*				71.40*	156.00*	240.10*
90	821.60*	1,192.10*	1,510.00*				75.20*	163.80*	251.60*
91	850.70*	1,233.00*	1,564.20*				78.10*	169.60*	261.30*
92	880.90*	1,275.40*	1,620.30*				81.00*	175.60*	271.40*
93	912.20*	1,319.10*	1,678.60*				83.90*	181.80*	282.00*
94	944.60*	1,364.40*	1,738.90*				87.00*	188.30*	292.80*
95	978.10*	1,411.10*	1,801.30*				90.30*	195.00*	304.20*
96	1,009.40*	1,458.60*	1,868.40*				93.30*	202.50*	317.30*
97	1,041.70*	1,507.60*	1,937.90*				96.30*	210.30*	331.20*
98	1,075.00*	1,558.40*	2,010.10*				99.50*	218.30*	345.50*
99	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
100	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
101	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
102	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
103	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
104	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
105	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
106	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
107	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
108	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
109	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*
110	1,109.40*	1,610.80*	2,084.90*				102.80*	226.60*	360.50*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	28.20	36.30	43.60	105.80	151.10	199.00	1.80	3.50	6.20
41	29.40	37.80	45.50	106.50	152.10	200.30	1.80	3.80	6.50
42	30.60	39.40	47.60	107.10	153.10	201.40	1.90	4.00	6.90
43	31.80	41.10	49.70	107.90	153.90	202.70	2.10	4.10	7.30
44	33.10	42.90	52.00	108.60	154.80	203.60	2.20	4.40	7.50
45	34.50	44.80	54.20	109.10	155.60	204.80	2.30	4.60	8.10
46	36.00	46.60	56.70	109.70	156.40	205.70	2.40	4.90	8.30
47	37.40	48.60	59.20	110.20	157.10	206.60	2.50	5.10	8.80
48	38.90	50.80	61.90	110.80	157.80	207.40	2.80	5.40	9.20
49	40.60	52.90	64.60	111.20	158.40	208.10	2.90	5.80	9.80
50	42.20	55.30	67.50	111.70	158.90	208.80	3.10	6.00	10.30
51	44.00	57.60	70.50	112.10	159.40	209.40	3.20	6.40	10.90
52	45.90	60.00	73.70	112.30	160.00	209.80	3.30	6.80	11.30
53	47.70	62.60	77.00	112.80	160.30	210.30	3.50	7.10	12.00
54	49.70	65.40	80.30	113.00	160.50	210.70	3.70	7.40	12.70
55	51.70	68.10	84.00	113.30	160.80	210.90	4.10	7.90	13.30
56	54.80	72.30	89.20	114.80	163.00	213.70	4.30	8.40	14.00
57	58.00	76.60	94.60	116.40	165.30	216.60	4.50	8.90	15.00
58	61.40	81.30	100.40	117.90	167.30	219.30	4.80	9.50	16.00
59	65.00	86.10	106.60	119.40	169.30	221.80	5.20	10.10	17.00
60	68.80	91.30	113.10	120.80	171.30	224.30	5.50	10.90	18.10
61	73.50	97.60	120.90	123.10	174.50	228.70	5.90	11.60	19.50
62	78.40	104.30	129.40	125.40	177.90	232.80	6.40	12.60	20.80
63	83.70	111.50	138.50	127.60	181.00	236.70	6.90	13.50	22.20
64	89.40	119.30	148.10	129.70	184.00	240.60	7.40	14.50	23.90
65	95.50	127.40	158.50	131.80	187.00	244.30	7.90	15.80	25.50
66	105.40	140.90	175.20	138.40	196.30	256.60	8.90	17.40	28.30
67	116.40	155.60	193.80	145.10	206.00	269.10	9.90	19.50	31.30
68	128.50	172.00	214.40	152.00	215.90	282.00	11.10	21.60	34.70
69	141.90	190.10	237.10	159.10	225.90	295.00	12.30	24.10	38.50
70	156.60	210.10	262.30	166.20	236.00	308.10	13.80	26.90	42.50
71	173.50	232.90	290.70	174.10	247.40	323.30	15.30	29.90	47.30
72	192.20	257.90	322.30	178.80	259.00	338.50	17.10	33.40	52.50
73	212.90	285.80	357.20	181.50	270.60	354.00	19.00	37.10	58.20
74	231.40	316.50	396.00	185.60	282.40	369.60	20.80	41.40	64.60
75	237.40	350.60	439.00	187.40	294.00	384.90	21.40	46.00	71.60
76	258.30	381.30	477.60	193.00	303.10	397.40	23.50	50.40	78.30
77	281.00	414.50	519.60	198.50	312.00	409.60	25.80	55.10	85.30
78	305.80	450.60	565.20	203.60	320.60	421.60	28.20	60.50	93.10
79	332.70	490.00	615.00	208.50	328.90	432.90	30.90	66.10	101.50

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	362.00*	532.80*	669.10*				33.80*	72.40*	110.80*
81	389.00*	571.60*	718.10*				36.60*	78.30*	119.20*
82	418.10*	613.40*	770.80*				39.60*	84.50*	128.30*
83	449.30*	658.30*	827.30*				42.90*	91.10*	138.10*
84	482.90*	706.30*	888.00*				46.30*	98.50*	148.60*
85	519.00*	757.90*	953.20*				50.10*	106.30*	159.90*
86	546.10*	796.00*	1,001.80*				52.80*	111.80*	168.00*
87	574.60*	836.10*	1,052.90*				55.60*	117.50*	176.50*
88	604.60*	878.30*	1,106.40*				58.50*	123.50*	185.60*
89	636.20*	922.40*	1,162.90*				61.60*	130.00*	195.10*
90	669.40*	968.90*	1,222.30*				64.80*	136.60*	205.00*
91	694.80*	1,004.80*	1,269.60*				67.20*	141.80*	213.60*
92	721.20*	1,041.90*	1,318.90*				69.60*	147.00*	222.40*
93	748.50*	1,080.40*	1,370.10*				72.20*	152.60*	231.50*
94	776.90*	1,120.40*	1,423.20*				74.80*	158.30*	241.20*
95	806.40*	1,161.90*	1,478.50*				77.50*	164.10*	251.00*
96	833.60*	1,202.80*	1,535.60*				80.20*	170.40*	262.30*
97	861.70*	1,245.10*	1,595.00*				83.10*	177.00*	273.90*
98	890.80*	1,289.00*	1,656.60*				85.90*	183.80*	286.10*
99	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
100	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
101	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
102	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
103	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
104	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
105	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
106	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
107	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
108	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
109	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*
110	920.90*	1,334.50*	1,720.60*				88.80*	190.60*	298.90*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	31.70	42.40	52.50	122.30	177.90	238.00	1.70	3.90	8.20
41	33.10	44.30	54.90	123.00	178.90	239.20	1.80	4.00	8.60
42	34.50	46.10	57.30	123.80	179.80	240.20	1.90	4.40	9.00
43	36.10	48.30	59.90	124.40	180.60	241.30	2.00	4.50	9.50
44	37.50	50.40	62.70	125.10	181.40	242.30	2.20	4.80	9.90
45	39.30	52.50	65.50	125.60	182.30	243.20	2.20	5.10	10.30
46	40.90	55.00	68.50	126.20	182.90	243.90	2.40	5.40	10.90
47	42.70	57.40	71.60	126.70	183.60	244.80	2.60	5.80	11.30
48	44.60	60.00	74.90	127.20	184.10	245.20	2.60	5.90	11.80
49	46.40	62.60	78.30	127.50	184.60	245.80	2.80	6.40	12.50
50	48.40	65.40	81.80	127.90	185.00	246.40	3.00	6.60	13.10
51	50.60	68.30	85.40	128.30	185.40	246.60	3.10	7.00	13.80
52	52.70	71.40	89.30	128.50	185.60	247.10	3.40	7.40	14.40
53	55.00	74.50	93.30	128.60	185.80	247.70	3.60	7.90	15.10
54	57.30	77.80	97.60	128.70	185.80	248.20	3.70	8.30	15.70
55	59.80	81.30	101.90	128.80	185.80	248.70	3.90	8.80	16.50
56	63.40	86.10	108.20	130.50	187.90	249.10	4.30	9.40	17.60
57	67.20	91.30	114.70	131.80	190.00	251.70	4.50	10.10	18.60
58	71.20	96.80	121.60	133.20	191.60	253.90	5.00	10.80	19.60
59	75.40	102.60	129.00	134.50	193.50	255.80	5.30	11.40	20.80
60	79.90	108.80	136.80	135.60	195.10	257.80	5.60	12.30	22.00
61	85.30	116.10	146.10	137.80	198.10	261.60	6.10	13.30	23.50
62	91.00	124.00	156.00	140.00	201.10	265.20	6.60	14.30	25.10
63	97.20	132.40	166.50	141.90	203.90	268.80	7.00	15.40	26.90
64	103.70	141.40	178.00	143.90	206.50	272.00	7.60	16.50	28.70
65	110.70	151.00	190.10	145.60	208.80	274.70	8.30	17.60	30.70
66	122.10	166.60	209.70	152.40	218.40	287.30	9.10	19.60	33.80
67	134.80	183.90	231.50	159.20	228.10	300.00	10.20	22.00	37.30
68	148.50	202.90	255.50	166.10	238.30	312.90	11.40	24.40	41.30
69	163.90	223.80	282.00	173.00	248.30	325.80	12.80	27.10	45.50
70	180.70	246.90	311.00	180.00	258.30	338.90	14.10	30.10	50.30
71	199.80	272.90	343.90	188.10	269.90	354.30	15.80	33.50	55.60
72	220.90	301.50	380.10	192.60	281.80	369.70	17.60	37.30	61.50
73	244.30	333.30	420.20	194.80	293.60	385.20	19.60	41.50	68.00
74	265.20	368.40	464.60	198.50	305.40	400.50	21.40	46.10	75.10
75	271.50	407.10	513.50	199.70	316.90	415.70	22.20	51.40	83.10
76	294.90	441.60	557.30	205.70	326.80	428.90	24.40	56.30	90.50
77	320.40	479.10	604.90	211.30	336.10	441.70	26.80	61.50	98.50
78	348.20	519.90	656.60	216.70	345.30	454.20	29.30	67.30	107.10
79	378.20	564.00	712.50	221.70	354.00	466.30	32.20	73.50	116.60

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	410.90*	611.80*	773.40*				35.30*	80.50*	126.90*
81	441.00*	655.00*	828.10*				38.30*	86.80*	136.40*
82	473.30*	701.30*	886.70*				41.40*	93.60*	146.50*
83	508.00*	750.90*	949.70*				44.90*	100.80*	157.30*
84	545.20*	803.90*	1,016.70*				48.60*	108.80*	169.00*
85	585.10*	860.80*	1,088.90*				52.60*	117.10*	181.50*
86	614.50*	901.50*	1,140.60*				55.50*	123.00*	190.10*
87	645.40*	944.30*	1,195.00*				58.50*	129.00*	199.20*
88	677.80*	989.00*	1,252.00*				61.70*	135.40*	208.50*
89	711.90*	1,035.80*	1,311.60*				65.00*	142.00*	218.50*
90	747.70*	1,084.90*	1,374.10*				68.40*	149.00*	228.90*
91	774.10*	1,122.00*	1,423.40*				71.10*	154.40*	237.80*
92	801.60*	1,160.60*	1,474.50*				73.70*	159.90*	247.00*
93	830.10*	1,200.40*	1,527.50*				76.30*	165.40*	256.60*
94	859.60*	1,241.60*	1,582.40*				79.20*	171.30*	266.40*
95	890.10*	1,284.10*	1,639.20*				82.20*	177.50*	276.80*
96	918.60*	1,327.40*	1,700.30*				84.90*	184.30*	288.70*
97	947.90*	1,372.00*	1,763.50*				87.60*	191.40*	301.50*
98	978.30*	1,418.10*	1,829.10*				90.50*	198.60*	314.50*
99	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
100	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
101	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
102	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
103	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
104	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
105	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
106	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
107	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
108	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
109	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*
110	1,009.60*	1,465.80*	1,897.40*				93.50*	206.30*	328.00*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	25.60	33.00	39.70	96.30	137.50	181.10	1.70	3.10	5.70
41	26.70	34.40	41.50	96.90	138.40	182.30	1.70	3.40	6.00
42	27.80	35.90	43.30	97.50	139.40	183.30	1.70	3.60	6.20
43	28.90	37.40	45.20	98.20	140.00	184.50	1.90	3.80	6.60
44	30.10	39.00	47.30	98.80	140.90	185.30	2.00	4.00	6.90
45	31.50	40.80	49.30	99.30	141.60	186.30	2.10	4.30	7.30
46	32.80	42.40	51.60	99.80	142.30	187.20	2.20	4.40	7.50
47	34.00	44.30	53.80	100.30	143.00	188.00	2.30	4.60	8.10
48	35.40	46.10	56.30	100.80	143.50	188.60	2.50	4.90	8.50
49	37.00	48.10	58.80	101.20	144.10	189.40	2.60	5.30	8.80
50	38.40	50.30	61.40	101.60	144.60	189.90	2.80	5.50	9.40
51	40.00	52.50	64.10	102.00	145.00	190.60	2.90	5.80	9.90
52	41.70	54.60	67.10	102.20	145.60	191.00	3.00	6.10	10.30
53	43.50	57.00	70.10	102.60	145.90	191.40	3.20	6.50	10.90
54	45.20	59.50	73.10	102.90	146.00	191.80	3.40	6.80	11.60
55	47.10	62.00	76.40	103.10	146.30	191.90	3.70	7.10	12.10
56	49.80	65.80	81.10	104.50	148.40	194.50	3.90	7.60	12.70
57	52.80	69.80	86.10	105.90	150.40	197.10	4.10	8.10	13.70
58	55.90	74.00	91.40	107.40	152.30	199.60	4.40	8.60	14.60
59	59.20	78.40	97.00	108.60	154.00	201.80	4.70	9.30	15.50
60	62.60	83.00	103.00	109.90	155.90	204.10	5.10	9.90	16.40
61	66.90	88.90	110.00	112.00	158.80	208.10	5.40	10.60	17.80
62	71.40	94.90	117.70	114.10	161.90	211.90	5.80	11.50	19.00
63	76.20	101.50	126.00	116.20	164.80	215.40	6.30	12.30	20.30
64	81.40	108.50	134.70	118.00	167.50	218.90	6.70	13.30	21.70
65	86.90	115.90	144.20	119.90	170.10	222.30	7.30	14.40	23.10
66	95.90	128.30	159.50	126.00	178.60	233.50	8.10	15.80	25.70
67	105.90	141.60	176.40	132.00	187.50	244.90	9.00	17.80	28.50
68	116.90	156.50	195.10	138.40	196.50	256.60	10.10	19.60	31.60
69	129.10	173.00	215.80	144.80	205.50	268.50	11.20	22.00	35.00
70	142.60	191.30	238.70	151.30	214.80	280.40	12.50	24.50	38.70
71	157.90	211.90	264.60	158.50	225.10	294.20	13.90	27.10	43.00
72	174.90	234.60	293.30	162.80	235.80	308.10	15.50	30.40	47.80
73	193.70	260.00	325.10	165.20	246.30	322.10	17.30	33.80	53.00
74	210.60	288.00	360.40	168.90	257.00	336.30	19.00	37.60	58.80
75	216.00	319.10	399.50	170.50	267.50	350.40	19.50	41.90	65.10
76	235.10	347.00	434.60	175.60	275.90	361.70	21.40	45.90	71.20
77	255.70	377.30	472.80	180.60	283.90	372.70	23.50	50.10	77.60
78	278.30	410.10	514.40	185.30	291.80	383.60	25.70	55.00	84.80
79	302.80	445.90	559.70	189.70	299.30	393.90	28.10	60.10	92.40

Northwestern Long Term Care Insurance Company
Long Term Care Policy RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	329.40*	484.80*	608.90*				30.80*	65.90*	100.80*
81	354.00*	520.10*	653.50*				33.30*	71.30*	108.40*
82	380.50*	558.10*	701.40*				36.00*	76.90*	116.70*
83	408.90*	599.00*	752.80*				39.00*	82.90*	125.60*
84	439.40*	642.80*	808.10*				42.10*	89.60*	135.20*
85	472.30*	689.60*	867.40*				45.60*	96.80*	145.50*
86	497.00*	724.40*	911.60*				48.00*	101.80*	152.90*
87	522.90*	760.90*	958.10*				50.60*	106.90*	160.70*
88	550.20*	799.30*	1,006.90*				53.20*	112.40*	168.90*
89	578.90*	839.40*	1,058.20*				56.10*	118.30*	177.60*
90	609.20*	881.60*	1,112.30*				59.00*	124.40*	186.60*
91	632.30*	914.40*	1,155.30*				61.20*	129.00*	194.40*
92	656.30*	948.10*	1,200.20*				63.30*	133.80*	202.40*
93	681.10*	983.10*	1,246.70*				65.70*	138.90*	210.70*
94	707.00*	1,019.50*	1,295.20*				68.10*	144.00*	219.40*
95	733.80*	1,057.30*	1,345.40*				70.50*	149.40*	228.40*
96	758.60*	1,094.50*	1,397.40*				73.00*	155.00*	238.70*
97	784.10*	1,133.10*	1,451.50*				75.60*	161.10*	249.20*
98	810.60*	1,173.00*	1,507.50*				78.20*	167.30*	260.40*
99	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
100	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
101	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
102	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
103	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
104	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
105	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
106	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
107	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
108	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
109	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*
110	838.00*	1,214.40*	1,565.70*				80.80*	173.50*	272.00*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	6.20	6.50	7.00	6.90	8.10	9.50	0.10	0.20	0.50
41	6.40	6.80	7.20	7.20	8.30	9.80	0.10	0.20	0.50
42	6.60	7.00	7.50	7.50	8.70	10.10	0.10	0.30	0.60
43	6.80	7.30	7.80	7.80	8.90	10.50	0.20	0.30	0.60
44	7.00	7.50	8.10	8.10	9.30	10.80	0.20	0.30	0.60
45	7.30	7.70	8.30	8.40	9.70	11.30	0.20	0.40	0.80
46	7.50	8.00	8.60	8.70	9.90	11.60	0.20	0.40	0.80
47	7.80	8.20	8.90	9.00	10.30	12.00	0.20	0.50	0.80
48	8.00	8.50	9.30	9.30	10.70	12.30	0.30	0.50	0.80
49	8.30	8.70	9.60	9.60	11.10	12.70	0.30	0.50	0.80
50	8.50	9.00	9.90	10.00	11.40	13.10	0.30	0.60	0.90
51	8.80	9.30	10.20	10.40	11.80	13.50	0.30	0.70	1.00
52	9.10	9.60	10.60	10.70	12.20	13.90	0.30	0.70	1.10
53	9.40	9.90	10.90	11.00	12.50	14.30	0.40	0.70	1.20
54	9.60	10.30	11.30	11.50	12.80	14.80	0.50	0.70	1.30
55	9.90	10.60	11.70	11.90	13.30	15.10	0.50	0.70	1.40
56	10.40	11.10	12.30	12.10	13.50	15.40	0.50	0.80	1.40
57	10.90	11.60	12.90	12.40	13.80	15.80	0.50	0.90	1.50
58	11.40	12.20	13.50	12.70	14.00	16.10	0.50	0.90	1.60
59	11.90	12.80	14.30	13.10	14.30	16.30	0.70	1.00	1.70
60	12.40	13.40	14.90	13.50	14.50	16.70	0.80	1.10	1.80
61	13.10	14.10	15.70	13.70	14.80	17.10	0.80	1.30	2.00
62	13.80	14.90	16.70	14.10	15.00	17.20	0.90	1.30	2.00
63	14.60	15.70	17.60	14.30	15.20	17.50	0.90	1.50	2.20
64	15.40	16.60	18.60	14.70	15.40	17.80	1.00	1.50	2.30
65	16.20	17.50	19.70	14.90	15.60	18.00	1.10	1.60	2.40
66	17.40	18.90	21.40	15.70	16.40	18.90	1.20	1.80	2.70
67	18.70	20.50	23.30	16.50	17.00	19.70	1.30	2.00	3.00
68	20.00	22.30	25.40	17.00	18.90	21.80	1.50	2.20	3.30
69	21.40	24.10	27.60	17.50	19.40	22.40	1.70	2.50	3.70
70	22.90	26.10	30.00	18.00	20.00	23.10	1.80	2.80	4.10
71	24.30	27.60	31.70	18.60	20.60	23.80	2.00	3.00	4.40
72	25.90	29.10	33.50	19.10	21.30	24.50	2.00	3.20	4.70
73	27.40	30.50	35.20	19.70	21.90	25.30	2.20	3.50	5.10
74	29.10	32.00	37.10	20.30	22.50	26.00	2.20	3.80	5.40
75	30.80	33.60	38.70	20.90	23.20	26.80	2.30	4.00	5.90
76	32.30	34.50	39.40	21.50	23.90	27.60	2.50	4.10	6.00
77	33.90	35.30	39.90	22.20	24.60	28.40	2.60	4.30	6.00
78	35.60	38.30	42.90	22.80	25.40	29.30	2.80	4.60	7.50
79	37.30	40.10	44.90	23.50	26.10	30.20	3.10	4.90	8.00

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	39.00*	41.90*	47.00*				3.30*	5.30*	8.60*
81	41.10*	44.20*	49.50*				3.50*	5.70*	9.30*
82	43.40*	46.70*	52.30*				3.80*	6.10*	10.00*
83	45.90*	49.40*	55.30*				4.10*	6.60*	10.70*
84	48.30*	51.90*	58.20*				4.40*	7.10*	11.50*
85	51.10*	54.90*	61.60*				4.70*	7.60*	12.40*
86	55.70*	59.90*	67.10*				5.10*	8.20*	13.30*
87	60.80*	65.40*	73.30*				5.50*	8.80*	14.30*
88	66.10*	71.10*	79.60*				5.90*	9.50*	15.40*
89	72.00*	77.40*	86.70*				6.30*	10.20*	16.60*
90	78.20*	84.10*	94.20*				6.80*	10.90*	17.80*
91	79.80*	85.80*	96.10*				7.30*	11.70*	19.20*
92	81.40*	87.50*	98.10*				7.80*	12.60*	20.60*
93	83.10*	89.40*	100.10*				8.40*	13.60*	22.10*
94	84.90*	91.30*	102.30*				9.00*	14.60*	23.80*
95	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
96	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
97	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
98	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
99	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
100	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
101	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
102	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
103	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
104	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
105	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
106	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
107	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
108	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
109	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*
110	86.50*	93.00*	104.20*				9.70*	15.70*	25.60*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	5.20	5.40	5.60	4.90	5.40	6.20	0.10	0.20	0.50
41	5.40	5.50	5.80	5.10	5.70	6.50	0.10	0.20	0.50
42	5.50	5.60	6.00	5.40	5.90	6.70	0.10	0.30	0.50
43	5.70	5.80	6.20	5.60	6.20	7.00	0.10	0.30	0.50
44	5.80	5.90	6.40	5.80	6.60	7.30	0.20	0.30	0.50
45	6.00	6.10	6.60	6.00	6.80	7.70	0.20	0.30	0.50
46	6.10	6.40	6.80	6.30	6.90	8.00	0.20	0.30	0.60
47	6.30	6.50	6.90	6.60	7.30	8.40	0.20	0.30	0.70
48	6.50	6.70	7.20	6.80	7.60	8.70	0.20	0.30	0.70
49	6.70	6.90	7.30	7.00	7.80	9.10	0.20	0.30	0.70
50	6.80	7.10	7.60	7.30	8.10	9.40	0.30	0.40	0.70
51	7.00	7.20	7.80	7.60	8.50	9.80	0.30	0.40	0.70
52	7.20	7.50	8.00	7.80	8.80	10.20	0.30	0.40	0.80
53	7.40	7.70	8.30	8.10	9.00	10.50	0.30	0.50	0.80
54	7.60	7.90	8.50	8.30	9.40	11.00	0.30	0.50	0.90
55	7.70	8.10	8.70	8.80	9.80	11.40	0.50	0.50	1.00
56	8.00	8.50	9.20	9.10	10.00	11.60	0.50	0.50	1.00
57	8.50	8.80	9.60	9.20	10.30	11.70	0.50	0.60	1.00
58	8.80	9.20	10.00	9.60	10.70	12.10	0.50	0.70	1.10
59	9.20	9.60	10.60	9.90	10.90	12.20	0.50	0.80	1.10
60	9.60	10.00	11.00	10.20	11.20	12.50	0.50	0.90	1.20
61	10.00	10.50	11.60	10.60	11.50	12.80	0.70	0.90	1.30
62	10.60	11.00	12.20	10.80	11.80	13.00	0.70	1.10	1.40
63	11.10	11.70	12.90	11.30	11.90	13.30	0.80	1.10	1.40
64	11.60	12.30	13.60	11.70	12.10	13.60	0.80	1.20	1.60
65	12.20	13.00	14.30	12.00	12.30	13.90	0.90	1.20	1.60
66	13.20	14.00	15.60	12.60	13.00	14.50	0.90	1.40	1.80
67	14.10	15.30	16.90	13.40	13.50	15.40	1.10	1.40	2.00
68	15.20	16.50	18.30	13.80	15.00	17.30	1.10	1.70	2.30
69	16.40	18.00	19.90	14.20	15.50	17.80	1.20	1.70	2.50
70	17.50	19.40	21.70	14.60	15.90	18.30	1.40	2.10	2.70
71	18.60	20.50	22.80	15.10	16.40	18.90	1.50	2.10	3.00
72	19.80	21.60	23.90	15.50	16.90	19.40	1.50	2.20	3.30
73	20.90	22.70	25.10	16.00	17.40	20.00	1.70	2.20	3.50
74	22.10	23.70	26.10	16.50	17.90	20.60	1.80	2.40	3.80
75	23.30	24.90	27.20	17.00	18.50	21.20	1.80	2.40	4.00
76	24.40	25.50	27.70	17.50	19.00	21.90	1.90	2.50	4.20
77	25.40	26.10	28.10	18.00	19.60	22.50	2.20	2.70	4.30
78	26.60	28.00	30.60	18.50	20.20	23.20	2.40	3.40	5.50
79	27.60	29.10	31.70	19.10	20.80	23.90	2.50	3.60	5.90

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	28.70*	30.20*	33.00*				2.70*	3.90*	6.40*
81	30.40*	32.00*	34.90*				2.90*	4.20*	6.80*
82	32.40*	34.10*	37.20*				3.20*	4.50*	7.30*
83	34.40*	36.20*	39.50*				3.40*	4.90*	7.90*
84	36.40*	38.30*	41.80*				3.60*	5.20*	8.50*
85	38.70*	40.70*	44.50*				3.90*	5.60*	9.10*
86	42.60*	44.80*	49.00*				4.20*	6.00*	9.80*
87	46.80*	49.30*	53.80*				4.50*	6.50*	10.50*
88	51.30*	54.00*	59.00*				4.90*	7.00*	11.30*
89	56.10*	59.10*	64.50*				5.20*	7.50*	12.20*
90	61.30*	64.50*	70.50*				5.60*	8.00*	13.10*
91	62.50*	65.80*	71.80*				6.10*	8.70*	14.10*
92	63.70*	67.10*	73.20*				6.50*	9.30*	15.10*
93	64.90*	68.30*	74.60*				7.00*	10.00*	16.30*
94	66.10*	69.60*	76.00*				7.50*	10.70*	17.50*
95	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
96	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
97	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
98	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
99	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
100	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
101	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
102	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
103	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
104	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
105	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
106	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
107	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
108	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
109	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*
110	67.30*	70.80*	77.40*				8.10*	11.60*	18.80*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	5.40	5.70	6.10	6.00	7.00	8.20	0.10	0.20	0.40
41	5.60	5.90	6.30	6.20	7.30	8.50	0.10	0.20	0.50
42	5.80	6.10	6.50	6.50	7.50	8.90	0.10	0.20	0.50
43	5.90	6.30	6.80	6.80	7.80	9.10	0.20	0.30	0.50
44	6.10	6.50	7.00	7.10	8.10	9.50	0.20	0.30	0.50
45	6.30	6.70	7.30	7.30	8.40	9.70	0.20	0.30	0.50
46	6.50	6.90	7.50	7.60	8.70	10.10	0.20	0.40	0.60
47	6.70	7.10	7.80	7.90	9.00	10.40	0.20	0.40	0.60
48	7.00	7.40	8.00	8.10	9.30	10.80	0.20	0.40	0.80
49	7.20	7.60	8.30	8.40	9.60	11.10	0.20	0.40	0.80
50	7.40	7.90	8.60	8.70	9.90	11.40	0.30	0.40	0.80
51	7.60	8.10	8.90	9.10	10.20	11.80	0.30	0.50	0.90
52	7.90	8.40	9.20	9.30	10.50	12.10	0.30	0.50	1.00
53	8.10	8.60	9.50	9.70	10.90	12.50	0.40	0.60	1.00
54	8.40	8.90	9.80	9.90	11.20	12.90	0.40	0.60	1.10
55	8.60	9.20	10.20	10.30	11.60	13.20	0.40	0.70	1.10
56	9.00	9.70	10.70	10.60	11.70	13.40	0.40	0.70	1.20
57	9.50	10.10	11.20	10.80	12.00	13.70	0.40	0.80	1.30
58	9.90	10.60	11.80	11.10	12.20	13.90	0.50	0.80	1.40
59	10.40	11.10	12.40	11.40	12.40	14.20	0.50	0.90	1.50
60	10.80	11.70	13.00	11.70	12.60	14.50	0.60	0.90	1.60
61	11.40	12.30	13.70	12.00	12.80	14.80	0.70	1.00	1.70
62	12.10	13.00	14.50	12.10	13.00	15.00	0.70	1.10	1.80
63	12.70	13.70	15.30	12.50	13.20	15.30	0.80	1.20	1.90
64	13.40	14.40	16.20	12.70	13.40	15.50	0.80	1.30	2.00
65	14.10	15.20	17.10	13.00	13.60	15.70	0.90	1.40	2.20
66	15.10	16.50	18.60	13.70	14.20	16.40	1.10	1.50	2.40
67	16.20	17.90	20.30	14.40	14.80	17.10	1.20	1.70	2.60
68	17.40	19.40	22.10	14.80	16.50	19.00	1.30	1.90	2.90
69	18.60	21.00	24.00	15.30	17.00	19.60	1.50	2.10	3.20
70	19.90	22.70	26.10	15.70	17.50	20.20	1.60	2.40	3.60
71	21.20	24.00	27.60	16.20	18.00	20.80	1.70	2.60	3.80
72	22.50	25.30	29.10	16.70	18.50	21.40	1.80	2.80	4.10
73	23.90	26.60	30.70	17.20	19.10	22.00	1.90	3.00	4.40
74	25.30	27.90	32.20	17.70	19.70	22.70	2.00	3.20	4.70
75	26.80	29.20	33.70	18.20	20.30	23.40	2.00	3.40	5.10
76	28.10	30.00	34.30	18.80	20.90	24.10	2.20	3.60	5.10
77	29.50	30.80	34.70	19.40	21.50	24.80	2.30	3.70	5.20
78	30.90	33.20	37.20	19.90	22.10	25.60	2.50	4.00	6.50
79	32.40	34.80	39.00	20.50	22.80	26.30	2.70	4.30	7.00

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	33.90*	36.50*	40.80*				2.90*	4.60*	7.50*
81	35.80*	38.50*	43.10*				3.10*	5.00*	8.10*
82	37.80*	40.60*	45.50*				3.30*	5.30*	8.70*
83	39.90*	42.90*	48.10*				3.50*	5.70*	9.30*
84	42.10*	45.30*	50.70*				3.80*	6.20*	10.00*
85	44.40*	47.70*	53.50*				4.10*	6.60*	10.80*
86	48.50*	52.20*	58.40*				4.40*	7.10*	11.60*
87	52.90*	56.90*	63.70*				4.70*	7.60*	12.50*
88	57.50*	61.80*	69.30*				5.10*	8.20*	13.40*
89	62.60*	67.30*	75.40*				5.50*	8.80*	14.40*
90	68.00*	73.10*	81.90*				5.90*	9.50*	15.50*
91	69.40*	74.60*	83.60*				6.30*	10.20*	16.70*
92	70.80*	76.10*	85.30*				6.80*	11.00*	17.90*
93	72.30*	77.70*	87.10*				7.30*	11.80*	19.30*
94	73.80*	79.40*	88.90*				7.90*	12.70*	20.70*
95	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
96	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
97	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
98	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
99	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
100	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
101	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
102	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
103	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
104	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
105	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
106	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
107	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
108	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
109	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
110	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.50	4.60	4.90	4.30	4.80	5.40	0.10	0.20	0.40
41	4.70	4.80	5.10	4.40	4.90	5.60	0.10	0.20	0.40
42	4.80	4.90	5.20	4.60	5.20	5.90	0.10	0.20	0.40
43	4.90	5.10	5.40	4.90	5.30	6.10	0.10	0.20	0.40
44	5.10	5.20	5.50	5.00	5.60	6.50	0.10	0.20	0.50
45	5.20	5.40	5.70	5.30	5.80	6.70	0.10	0.20	0.50
46	5.30	5.50	5.90	5.50	6.10	7.00	0.20	0.30	0.50
47	5.50	5.70	6.10	5.70	6.30	7.20	0.20	0.30	0.50
48	5.60	5.80	6.20	5.90	6.60	7.60	0.20	0.30	0.60
49	5.80	6.00	6.40	6.10	6.80	7.90	0.20	0.30	0.60
50	5.90	6.20	6.60	6.40	7.00	8.20	0.20	0.30	0.60
51	6.10	6.30	6.80	6.60	7.40	8.50	0.20	0.40	0.70
52	6.30	6.50	7.00	6.80	7.60	8.80	0.20	0.40	0.70
53	6.40	6.70	7.20	7.10	7.90	9.20	0.30	0.40	0.70
54	6.60	6.90	7.40	7.30	8.20	9.50	0.30	0.40	0.80
55	6.70	7.10	7.60	7.60	8.40	9.80	0.40	0.40	0.80
56	7.00	7.40	8.00	7.90	8.70	10.00	0.40	0.40	0.80
57	7.30	7.70	8.40	8.10	9.00	10.20	0.40	0.50	0.80
58	7.70	8.00	8.80	8.30	9.20	10.40	0.40	0.60	0.90
59	8.00	8.30	9.20	8.60	9.60	10.60	0.40	0.70	0.90
60	8.30	8.70	9.60	8.90	9.80	10.80	0.50	0.70	1.00
61	8.70	9.20	10.10	9.20	9.90	11.10	0.60	0.80	1.10
62	9.20	9.70	10.60	9.50	10.10	11.40	0.60	0.80	1.20
63	9.70	10.20	11.20	9.70	10.30	11.60	0.60	0.90	1.30
64	10.10	10.70	11.80	10.10	10.60	11.80	0.70	1.00	1.40
65	10.60	11.30	12.50	10.50	10.70	12.00	0.80	1.00	1.40
66	11.50	12.20	13.50	10.90	11.30	12.70	0.80	1.20	1.60
67	12.30	13.30	14.70	11.60	11.80	13.40	0.90	1.30	1.80
68	13.20	14.40	16.00	11.90	13.00	14.90	1.00	1.40	1.90
69	14.20	15.60	17.40	12.30	13.40	15.40	1.10	1.60	2.10
70	15.20	16.90	18.80	12.70	13.80	15.80	1.20	1.70	2.40
71	16.20	17.80	19.80	13.10	14.20	16.30	1.30	1.90	2.60
72	17.20	18.80	20.80	13.40	14.60	16.80	1.30	1.90	2.80
73	18.20	19.70	21.80	13.90	15.10	17.30	1.40	2.00	3.00
74	19.20	20.70	22.70	14.30	15.50	17.80	1.50	2.00	3.30
75	20.30	21.60	23.60	14.70	16.00	18.40	1.60	2.10	3.60
76	21.20	22.20	24.10	15.10	16.50	18.90	1.70	2.20	3.60
77	22.10	22.70	24.40	15.60	16.90	19.50	1.90	2.30	3.80
78	23.10	24.30	26.60	16.10	17.50	20.10	2.00	2.90	4.80
79	24.00	25.30	27.60	16.50	18.00	20.70	2.20	3.10	5.10

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	25.00*	26.30*	28.70*				2.40*	3.40*	5.50*
81	26.50*	27.90*	30.50*				2.50*	3.60*	5.90*
82	28.10*	29.60*	32.30*				2.70*	3.90*	6.30*
83	29.90*	31.50*	34.40*				2.90*	4.20*	6.80*
84	31.70*	33.40*	36.40*				3.20*	4.50*	7.30*
85	33.70*	35.50*	38.70*				3.40*	4.80*	7.90*
86	37.00*	38.90*	42.50*				3.60*	5.20*	8.50*
87	40.60*	42.70*	46.70*				3.90*	5.60*	9.10*
88	44.60*	46.90*	51.30*				4.20*	6.00*	9.80*
89	48.80*	51.40*	56.10*				4.50*	6.50*	10.50*
90	53.30*	56.10*	61.30*				4.90*	6.90*	11.30*
91	54.30*	57.20*	62.40*				5.20*	7.50*	12.20*
92	55.40*	58.30*	63.70*				5.60*	8.00*	13.10*
93	56.40*	59.40*	64.80*				6.00*	8.60*	14.10*
94	57.50*	60.50*	66.10*				6.50*	9.30*	15.10*
95	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
96	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
97	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
98	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
99	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
100	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
101	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
102	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
103	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
104	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
105	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
106	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
107	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
108	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
109	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
110	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.90	5.20	5.60	5.50	6.40	7.50	0.10	0.20	0.40
41	5.10	5.40	5.70	5.60	6.60	7.70	0.10	0.20	0.50
42	5.30	5.60	5.90	5.90	6.80	8.10	0.10	0.20	0.50
43	5.40	5.70	6.20	6.20	7.10	8.30	0.20	0.30	0.50
44	5.60	5.90	6.40	6.50	7.40	8.60	0.20	0.30	0.50
45	5.70	6.10	6.60	6.60	7.60	8.80	0.20	0.30	0.50
46	5.90	6.30	6.80	6.90	7.90	9.20	0.20	0.40	0.50
47	6.10	6.50	7.10	7.20	8.20	9.50	0.20	0.40	0.50
48	6.40	6.70	7.30	7.40	8.50	9.80	0.20	0.40	0.70
49	6.60	6.90	7.60	7.60	8.70	10.10	0.20	0.40	0.70
50	6.70	7.20	7.80	7.90	9.00	10.40	0.30	0.40	0.70
51	6.90	7.40	8.10	8.30	9.30	10.70	0.30	0.50	0.80
52	7.20	7.60	8.40	8.50	9.60	11.00	0.30	0.50	0.90
53	7.40	7.80	8.60	8.80	9.90	11.40	0.40	0.50	0.90
54	7.60	8.10	8.90	9.00	10.20	11.70	0.40	0.50	1.00
55	7.80	8.40	9.30	9.40	10.60	12.00	0.40	0.60	1.00
56	8.20	8.80	9.70	9.60	10.60	12.20	0.40	0.60	1.10
57	8.60	9.20	10.20	9.80	10.90	12.50	0.40	0.70	1.20
58	9.00	9.60	10.70	10.10	11.10	12.60	0.50	0.70	1.30
59	9.50	10.10	11.30	10.40	11.30	12.90	0.50	0.80	1.40
60	9.80	10.60	11.80	10.60	11.50	13.20	0.50	0.80	1.50
61	10.40	11.20	12.50	10.90	11.60	13.50	0.60	0.90	1.50
62	11.00	11.80	13.20	11.00	11.80	13.70	0.60	1.00	1.60
63	11.60	12.50	13.90	11.40	12.00	13.90	0.70	1.10	1.70
64	12.20	13.10	14.70	11.60	12.20	14.10	0.70	1.20	1.80
65	12.80	13.80	15.60	11.80	12.40	14.30	0.80	1.30	2.00
66	13.70	15.00	16.90	12.50	12.90	14.90	1.00	1.40	2.20
67	14.70	16.30	18.50	13.10	13.50	15.60	1.10	1.50	2.40
68	15.80	17.70	20.10	13.50	15.00	17.30	1.20	1.70	2.60
69	16.90	19.10	21.80	13.90	15.40	17.80	1.40	1.90	2.90
70	18.10	20.70	23.80	14.30	15.90	18.40	1.50	2.20	3.30
71	19.30	21.80	25.10	14.70	16.40	18.90	1.50	2.40	3.50
72	20.50	23.00	26.50	15.20	16.90	19.50	1.60	2.50	3.70
73	21.70	24.20	27.90	15.60	17.40	20.10	1.70	2.70	4.00
74	23.00	25.40	29.30	16.10	17.90	20.70	1.80	2.90	4.30
75	24.40	26.60	30.70	16.60	18.40	21.30	1.80	3.10	4.60
76	25.60	27.30	31.20	17.10	19.00	21.90	2.00	3.30	4.60
77	26.80	28.00	31.60	17.60	19.60	22.60	2.10	3.40	4.70
78	28.10	30.20	33.90	18.10	20.20	23.30	2.20	3.60	5.90
79	29.50	31.70	35.50	18.70	20.80	24.00	2.40	3.90	6.40

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	30.80*	33.20*	37.20*				2.60*	4.20*	6.80*
81	32.60*	35.00*	39.30*				2.80*	4.50*	7.40*
82	34.40*	37.00*	41.40*				3.00*	4.80*	7.90*
83	36.30*	39.00*	43.70*				3.20*	5.20*	8.50*
84	38.30*	41.20*	46.20*				3.50*	5.60*	9.10*
85	40.40*	43.40*	48.70*				3.70*	6.00*	9.80*
86	44.10*	47.50*	53.20*				4.00*	6.50*	10.60*
87	48.10*	51.80*	58.00*				4.30*	7.00*	11.40*
88	52.30*	56.30*	63.00*				4.60*	7.50*	12.20*
89	57.00*	61.30*	68.60*				5.00*	8.00*	13.10*
90	61.90*	66.50*	74.60*				5.40*	8.60*	14.10*
91	63.20*	67.90*	76.10*				5.80*	9.30*	15.20*
92	64.40*	69.30*	77.60*				6.20*	10.00*	16.30*
93	65.80*	70.70*	79.30*				6.70*	10.70*	17.50*
94	67.20*	72.20*	80.90*				7.20*	11.50*	18.80*
95	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
96	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
97	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
98	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
99	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
100	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
101	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
102	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
103	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
104	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
105	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
106	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
107	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
108	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
109	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
110	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.10	4.20	4.50	3.90	4.40	4.90	0.10	0.20	0.40
41	4.30	4.40	4.60	4.00	4.50	5.10	0.10	0.20	0.40
42	4.40	4.50	4.70	4.20	4.70	5.40	0.10	0.20	0.40
43	4.50	4.60	4.90	4.50	4.80	5.60	0.10	0.20	0.40
44	4.60	4.70	5.00	4.60	5.10	5.90	0.10	0.20	0.50
45	4.70	4.90	5.20	4.80	5.30	6.10	0.10	0.20	0.50
46	4.80	5.00	5.40	5.00	5.60	6.40	0.20	0.30	0.50
47	5.00	5.20	5.60	5.20	5.70	6.60	0.20	0.30	0.50
48	5.10	5.30	5.60	5.40	6.00	6.90	0.20	0.30	0.50
49	5.30	5.50	5.80	5.60	6.20	7.20	0.20	0.30	0.50
50	5.40	5.60	6.00	5.80	6.40	7.50	0.20	0.30	0.50
51	5.60	5.70	6.20	6.00	6.70	7.70	0.20	0.40	0.60
52	5.70	5.90	6.40	6.20	6.90	8.00	0.20	0.40	0.60
53	5.80	6.10	6.60	6.50	7.20	8.40	0.30	0.40	0.60
54	6.00	6.30	6.70	6.60	7.50	8.60	0.30	0.40	0.70
55	6.10	6.50	6.90	6.90	7.60	8.90	0.40	0.40	0.70
56	6.40	6.70	7.30	7.20	7.90	9.10	0.40	0.40	0.70
57	6.60	7.00	7.60	7.40	8.20	9.30	0.40	0.50	0.70
58	7.00	7.30	8.00	7.60	8.40	9.50	0.40	0.50	0.80
59	7.30	7.60	8.40	7.80	8.70	9.60	0.40	0.60	0.80
60	7.60	7.90	8.70	8.10	8.90	9.80	0.50	0.60	0.90
61	7.90	8.40	9.20	8.40	9.00	10.10	0.50	0.70	1.00
62	8.40	8.80	9.60	8.60	9.20	10.40	0.50	0.70	1.10
63	8.80	9.30	10.20	8.80	9.40	10.60	0.50	0.80	1.20
64	9.20	9.70	10.70	9.20	9.60	10.70	0.60	0.90	1.30
65	9.60	10.30	11.40	9.60	9.70	10.90	0.70	0.90	1.30
66	10.50	11.10	12.30	9.90	10.30	11.60	0.70	1.10	1.50
67	11.20	12.10	13.40	10.60	10.70	12.20	0.80	1.20	1.60
68	12.00	13.10	14.60	10.90	11.80	13.60	0.90	1.30	1.70
69	12.90	14.20	15.80	11.20	12.20	14.00	1.00	1.50	1.90
70	13.80	15.40	17.10	11.50	12.50	14.40	1.10	1.50	2.20
71	14.70	16.20	18.00	11.90	12.90	14.90	1.20	1.70	2.40
72	15.70	17.10	18.90	12.20	13.30	15.30	1.20	1.70	2.50
73	16.60	17.90	19.80	12.60	13.70	15.80	1.30	1.80	2.70
74	17.50	18.80	20.70	13.00	14.10	16.20	1.40	1.80	3.00
75	18.50	19.70	21.50	13.40	14.50	16.70	1.50	1.90	3.30
76	19.30	20.20	21.90	13.80	15.00	17.20	1.50	2.00	3.30
77	20.10	20.70	22.20	14.20	15.40	17.70	1.70	2.10	3.50
78	21.00	22.10	24.20	14.60	15.90	18.30	1.90	2.70	4.30
79	21.80	23.00	25.10	15.10	16.40	18.80	2.00	2.90	4.60

Northwestern Long Term Care Insurance Company
Non-forfeiture Benefit RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	22.80*	23.90*	26.10*				2.10*	3.10*	5.00*
81	24.10*	25.40*	27.70*				2.30*	3.30*	5.40*
82	25.60*	26.90*	29.40*				2.50*	3.50*	5.80*
83	27.20*	28.60*	31.30*				2.70*	3.80*	6.20*
84	28.80*	30.40*	33.20*				2.90*	4.10*	6.70*
85	30.70*	32.30*	35.20*				3.10*	4.40*	7.20*
86	33.70*	35.40*	38.70*				3.30*	4.70*	7.70*
87	36.90*	38.90*	42.50*				3.60*	5.10*	8.30*
88	40.60*	42.70*	46.70*				3.80*	5.50*	8.90*
89	44.40*	46.70*	51.00*				4.10*	5.90*	9.60*
90	48.50*	51.10*	55.80*				4.40*	6.30*	10.30*
91	49.40*	52.00*	56.80*				4.80*	6.80*	11.10*
92	50.40*	53.10*	57.90*				5.10*	7.30*	11.90*
93	51.30*	54.00*	59.00*				5.50*	7.90*	12.80*
94	52.30*	55.10*	60.10*				5.90*	8.40*	13.70*
95	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
96	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
97	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
98	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
99	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
100	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
101	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
102	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
103	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
104	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
105	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
106	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
107	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
108	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
109	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
110	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*

* Rates applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

Northwestern Long Term Care Insurance Company
Survivorship Benefit Premium Percentage RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates

Issue Age	Base	Base Policy Plus Automatic Benefit Increase Option	Base Policy Plus Automatic Additional Purchase Benefit
18-40	12.00%	21.00%	17.00%
41	12.00%	22.00%	17.00%
42	12.00%	22.00%	18.00%
43	13.00%	22.00%	18.00%
44	13.00%	22.00%	19.00%
45	14.00%	23.00%	19.00%
46	14.00%	23.00%	20.00%
47	15.00%	23.00%	20.00%
48	15.00%	24.00%	21.00%
49	15.00%	24.00%	22.00%
50	16.00%	24.00%	22.00%
51	16.00%	24.00%	23.00%
52	17.00%	25.00%	23.00%
53	17.00%	25.00%	24.00%
54	17.00%	25.00%	24.00%
55	18.00%	25.00%	24.00%
56	18.00%	25.00%	25.00%
57	19.00%	26.00%	25.00%
58	19.00%	26.00%	25.00%
59	19.00%	26.00%	26.00%
60	20.00%	26.00%	26.00%
61	20.00%	26.00%	26.00%
62	20.00%	27.00%	27.00%
63	20.00%	27.00%	27.00%
64	21.00%	27.00%	27.00%
65	21.00%	27.00%	27.00%
66	21.00%	27.00%	27.00%
67	22.00%	27.00%	27.00%
68	22.00%	27.00%	27.00%
69	22.00%	26.00%	26.00%
70	22.00%	26.00%	26.00%
71	22.00%	26.00%	26.00%
72	22.00%	26.00%	25.00%
73	21.00%	25.00%	24.00%
74	21.00%	25.00%	23.00%
75	21.00%	24.00%	23.00%
76	20.00%	24.00%	22.00%
77	20.00%	23.00%	21.00%
78	20.00%	23.00%	21.00%
79	20.00%	23.00%	21.00%

Northwestern Long Term Care Insurance Company
Survivorship Benefit Premium Percentage RS.LTC.(1101), RS.LTC.(0807), & RS.LTC.(0708)- Revised Rates

Issue Age	Base	Base Policy Plus Automatic Benefit Increase Option	Base Policy Plus Automatic Additional Purchase Benefit
80			21.00%*
81			21.00%*
82			21.00%*
83			21.00%*
84			21.00%*
85			21.00%*
86			21.00%*
87			21.00%*
88			21.00%*
89			21.00%*
90			21.00%*
91			21.00%*
92			21.00%*
93			21.00%*
94			21.00%*
95			21.00%*
96			21.00%*
97			21.00%*
98			21.00%*
99			21.00%*
100			21.00%*
101			21.00%*
102			21.00%*
103			21.00%*
104			21.00%*
105			21.00%*
106			21.00%*
107			21.00%*
108			21.00%*
109			21.00%*
110			21.00%*

* Percentages applicable only for benefit increases after issue due to the Automatic Additional Purchase Benefit.

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certification of Compliance - Forms.pdf
Item Status:	Received & Acknowledged
Status Date:	03/21/2017

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA Review Requirements Checklist Ind LTC Ins.pdf
Item Status:	Received & Acknowledged
Status Date:	03/21/2017

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Certification (RS post- rate) (VA).pdf VA Exhibit 2 Inforce Policies and Premium (RS Post-Rate Stabilization).pdf PREMCALC RR-RS (STD).pdf Experience Exhibits (VA).pdf Inforce Filing Act Memo Cover Letter (VA) RS.pdf ACTMEMO Update (RS Post-Rate Stabilization) (VA) 20170831.pdf Premium Rate Compare RS post rate after increase to UU2016(1014)Rev VA.pdf RS(post-rate stability) Exhibit 1 Loss Ratios (VA) 20170831.xlsx
Item Status:	Received & Acknowledged
Status Date:	10/31/2017

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Summary Part 1-RS post Rate Stabilization rev081017.pdf VA Rate Request Summary revised RS.LTC.(1101) etal post-rate.pdf
Item Status:	Received & Acknowledged
Status Date:	10/31/2017

Satisfied - Item:	Filing Status
Comments:	
Attachment(s):	Filing Status (VA) RS.pdf
Item Status:	Received & Acknowledged

State: Virginia Filing Company: Northwestern Long Term Care Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: 2016 LTC Risk Mitigation
 Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Status Date:	03/21/2017
Satisfied - Item:	Policyowner Notification Letter
Comments:	Moved to "Form Schedule" tab per request.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	03/21/2017
Satisfied - Item:	Personalized Options Form
Comments:	Moved to "Form Schedule" tab per request.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	08/15/2017
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	90-2578 (Waiver) SOV (VA) rev092817.pdf 90-2578 SOV (VA) rev090817 (2).pdf
Item Status:	Received & Acknowledged
Status Date:	10/02/2017
Satisfied - Item:	VA Response Letter dated 04102017
Comments:	
Attachment(s):	VA Response Letter Dated 04102017 RS RATES - Post.pdf
Item Status:	Received & Acknowledged
Status Date:	07/05/2017
Satisfied - Item:	RS.LTC.(1101) Current Rates
Comments:	
Attachment(s):	VA RS.LTC .(1101) Current Rates.pdf
Item Status:	Received & Acknowledged
Status Date:	10/02/2017

SERFF Tracking #:	NWST-130932376	State Tracking #:	NWST-130932376	Company Tracking #:	2016 LTC RISK MITIGATION RS RATES - PO...
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State:	Virginia	Filing Company:	Northwestern Long Term Care Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2016 LTC Risk Mitigation		
Project Name/Number:	2016 LTC Risk Mitigation/2016 LTC Risk Mitigation		

Attachment RS(post-rate stability) Exhibit 1 Loss Ratios (VA) 20170831.xlsx is not a PDF document and cannot be reproduced here.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Additional SERFF Filing Requirements	Administrative Letter 2012-03	Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.
General Information – Filing Description		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Rate Changes		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability Certification	14 VAC 5-110-60	Readability certification is required as described in the regulation.
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Renewal Provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language in bold print .

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Provisions		
Contents of Policy	38.2-305 A	Parties to policy named; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.
Entire Contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	§ 38.2-3503 5	
Claim Forms	§ 38.2-3503 6	
Proof of Loss	§ 38.2-3503 7	
Time Payment of Claims	§ 38.2-3503 8	The provision specifies when benefits will be paid.
Payment of Claims	§ 38.2-3503 9	The provision specifies to whom benefits will be paid
Physical Examinations and Autopsy	§ 38.2-3503 10	
Legal Actions	§ 38.2-3503 11	
Change of Beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of Occupation	§ 38.2-3504 1	
Misstatement of Age	§ 38.2-3504 2	
Other Insurance in this Company	§ 38.2-3504 3	
Insurance with Other Company	§ 38.2-3504 4	
Insurance with Other Company	§ 38.2-3504 5	
Unpaid Premiums	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use "resides" language

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the insured and for cancellation of the policy by the insurer , except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Disclosures		
	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B; 14 VAC 5-200-77	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: Annette Huttli

Name (please print): Annette Huttli

Company Name: Northwestern Long-Term Care Insurance Company

Date: 2/22/2017 Phone No: (414) 665-1859 FAX No: (414) 625-7598

E-Mail Address: annettehuttli@northwesternmutual.com

Actuarial Certification
For Long-Term Care Insurance
Policy Forms RS.LTC.(1101), RS.LTC.(0807), and
RS.LTC.(0708)

I, Gregory Gurlik, am an Actuary and officer of the Northwestern Long Term Care Insurance Company and am a member in good standing of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing LTCI premiums and for filing for increases in LTCI premiums. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

Attached are:

1. The premium rate schedule to be used for renewals of the policy forms and additional benefits as specified therein.
2. An actuarial memorandum, also signed by me, which provides:
 - a. The assumptions on which this certification is based;
 - b. The adjustments to prior assumptions with an explanation of the reasons previous assumptions were not realized.
 - c. A lifetime projection of the prior premium rate schedules and incurred claims plus future expected premiums and claims which demonstrates that the revised premium rate schedule meets the loss ratio standards and necessary details of this state; and
 - d. Disclosure of the manner, if any, in which reserves have been recognized.

I have reviewed and taken into consideration the policy design and coverage provided, and the insurer's current underwriting and claims adjudication processes.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. Based on these assumptions, or statutory requirements where necessary, the premium rate filing is in compliance with the loss ratio standards of this state. In my opinion, the rates are not unfairly discriminatory and the gross premiums are not excessive. This filing will enhance premium adequacy, but may not be sufficient to prevent future rate action. Therefore, rates cannot be certified as required by regulation.

The requested premium rate schedule increase is not considered sufficient to cover the adverse impact of the changes to the assumptions in this filing. If an average rate schedule increase of 68% were requested and implemented and the underlying assumptions with additional margin for moderately adverse conditions are realized no further increases would be anticipated.



Actuary

February 23, 2017

Date

Inforce Policies and Premium

The table below summarizes, as of 12/31/2015, the number of policies inforce and their 2015 annual premium that will be affected by this rate increase in your state and nationwide.

RS.LTC.(1101) RS.LTC.(0807) RS.LTC.(0708) 10/1/2003 & later	Number of Policies	2015 Annual Premium	Average Premium Before Rate Increase	Average Premium After Rate Increase	Average Rate Increase
Nationwide	84,963	\$210,048,545	\$2,472	\$3,144	27.2%
Virginia	1,971	\$4,830,620	\$2,451	\$3,117	27.2%

Forms RS.LTC.(1101) and RS.LTC.(0807) were sold in Virginia from March 2002 to July 2008.
 Form RS.LTC.(0708) was sold in Virginia from July 2008 to April 2011. This exhibit only includes policies issued on or after the October 1, 2003 effective date of rate stabilization.

Northwestern Long Term Care Insurance Company

Premium Calculation

- A = The **base premium rate** per \$10 of daily benefit based on the age, plan, benefit period, and beginning date.
- B = The **add-on premium rate** per \$10 of daily benefit for the **automatic benefit increase option**.
If the policy has an automatic benefit increase option with an increase other than 5%, multiply the premium rate by (the % chosen / 5). Do not round.
- C = The **add-on premium rate** per \$10 of daily benefit for the **automatic additional purchase benefit option**.
- D = The **shortened benefit period premium rate for the base** per \$10 of daily benefit based on the age, plan, benefit period, and beginning date.
- E = The **add-on shortened benefit period premium rate** per \$10 of daily benefit for the **automatic benefit increase option**.
If the policy has an automatic benefit increase option with an increase other than 5%, multiply the premium rate by (the % chosen / 5). Do not round.
- F = The **add-on shortened benefit period premium rate** per \$10 of daily benefit for the **automatic additional purchase benefit option**.
- G = The number of \$10 units (daily benefit/10).
- H = The multi-life discount factor (0.95 if applicable, 1.0 otherwise).
- I = The premium modal factor (1.0 for annual, 0.512 for semi-annual, 0.259 for quarterly, 0.087 for monthly).
- J = The spousal discount factor (0.85 if applicable, 1.0 otherwise).
- K = The **Survivorship Benefit premium percentage** that is based on the age, and the additional benefits that are present on the policy.

For each component (A through F)*, calculate the modal premium:

- Multiply the premium rate by the multi-life discount factor (H).
- Round the result to the nearest penny.
- Multiply the result by the number of \$10 units (G).
- Multiply the result by the premium modal factor (I).
- Multiply the result by the spousal discount factor (J).
- Round the result for the component to the nearest penny.
- Repeat these steps for all the applicable components A-F.
- For example, round (AxH) to the nearest penny. Then multiply this number times (GxIxJ). This is the final number to be summed for each component.

The total modal premium without the Survivorship Benefit is the sum of each of the individual components.

When the policy has the Survivorship Benefit, the following additional steps are performed to calculate the modal Survivorship Benefit Premium:

- Calculate the total modal premium for the policy using the procedure outlined above. However, do not include any premium for the Paid-Up Nonforfeiture Benefit.
- Multiply the result by the Survivorship Benefit premium percentage (K).
- Round this result to the nearest penny.

The total modal premium for the policy including the Survivorship Benefit is the sum of the total modal premium without the Survivorship Benefit and the modal Survivorship Benefit premium.

* Not all components will be applicable to all contracts.

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

EXPERIENCE EXHIBITS

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1. Credibility Standards & Practices

When analyzing the credibility of our own long-term care incidence and termination experience we typically apply a common method of measuring credibility called the “Limited Fluctuation Method” with $P=90\%$ and $k=3\%$. As described on page 26 in the [American Academy of Actuaries’ Credibility Practice Note](#), a company would need 3,007 claims to be fully credible based on this standard which is a typical threshold we use for full credibility. The Limited Fluctuation Method also defines a partial credibility factor called $Z = \text{SQRT}(N/N_f)$ (where $0 \leq Z \leq 1$), as described on page 8-29 of the following SoA Study Note ([C-21-01 Study Note - Society of Actuaries](#)) where N is the number of observed claims and N_f is the number of claims for full credibility.

Section 3.5 of the [Actuarial Standard of Practice #25](#) states that “In carrying out credibility procedures, the actuary should consider the homogeneity of both the subject experience and the relevant experience. Within each set of experience, there may be segments that are not representative of the experience set as a whole.” Given that long-term care experience (morbidity, mortality, lapses, etc.) can vary greatly by many different factors (such as issue age, duration, gender, etc.), we believe it is appropriate to analyze experience only after broken down into homogeneous groups which are expected to have similar rates of experience (e.g., claim rates, termination rates, etc.).

Throughout the insurance industry there is undoubtedly a wealth of information regarding credibility practices, methodologies, and actuarial opinions and there is certainly no one “right” credibility standard. As always, actuarial judgement is required in the setting of any assumptions.

2. Morbidity

NLTC has a young block of business with limited claims experience. There have only been about 1,900 total claims nationwide from product inception (1998) through 12/31/15 that have met the elimination period. In Virginia there have only been 49 claims that have met the elimination period. Our claims experience has been in the early durations (exposure weighted average duration = 5) and younger attained ages (exposure weighted average attained age = 58), with virtually no claims experience at attained ages 80+ where the bulk of LTC claims are expected to occur and the true financial cost of LTC insurance will ultimately be realized. Therefore, we have not relied on our own internal claims experience to develop the morbidity assumptions used in this rate increase filing (or any new issue filing to date). Instead, we have relied on the 2014 Milliman Guidelines (as described in the Actuarial Memorandum) for our current morbidity assumptions and attribute all credibility to those assumptions.

The following tables provide the credibility estimates for our morbidity incidence experience from inception through 12/31/2015 using the Limited Fluctuation Method and the 3,007 claims standard described above. These claims are broken down by relatively homogeneous groups of issue ages, durations, and genders. As shown, the level of credibility is quite small for any given segment. The claims experience could arguably be broken down into further segments that one would reasonable expect to exhibit a different level of claims experience (e.g., benefit period, spousal discount, etc.) but we felt that this sufficiently demonstrated our overall lack of credibility.

NLTC Partial Credibility Estimates

Tables of Partial Credibility Factors ($Z = \text{SQRT}(N/N_i)$)

N = # of Actual NLTC Claims

3,007 = Claims for full credibility within segment (N_i); P = 90% & k = 3%

= Typical Claim Ages (Attained Ages 80+)

Males						Females					
<u>Dur</u>	<u>Issue Age</u>					<u>Dur</u>	<u>Issue Age</u>				
	<u><40</u>	<u>40-49</u>	<u>50-59</u>	<u>60-69</u>	<u>70-80</u>		<u><40</u>	<u>40-49</u>	<u>50-59</u>	<u>60-69</u>	<u>70-80</u>
1-5	3%	5%	12%	14%	13%	1-5	4%	4%	14%	17%	19%
6-10	0%	6%	13%	21%	21%	6-10	2%	6%	14%	24%	28%
11-15	0%	3%	9%	20%	18%	11-15	0%	2%	13%	24%	23%
16-20	0%	0%	0%	4%	4%	16-20	0%	0%	0%	4%	4%
21-25	0%	0%	0%	0%	0%	21-25	0%	0%	0%	0%	0%
26-30	0%	0%	0%	0%	0%	26-30	0%	0%	0%	0%	0%
31-35	0%	0%	0%	0%	0%	31-35	0%	0%	0%	0%	0%
36-40	0%	0%	0%	0%	0%	36-40	0%	0%	0%	0%	0%
41-45	0%	0%	0%	0%	0%	41-45	0%	0%	0%	0%	0%
46-50	0%	0%	0%	0%	0%	46-50	0%	0%	0%	0%	0%
51+	0%	0%	0%	0%	0%	51+	0%	0%	0%	0%	0%

In addition, and more importantly, this analysis demonstrates that we have very little experience at the attained ages where the bulk of LTC claims typically occur (attained ages 80+, which are highlighted in the tables). Claims at these older attained ages are the primary driver of the overall costs of long-term care insurance. To put this into context, most of our LTC sales are to issue ages less than 60 (representing about 70% of all of our exposure years), and it will be some time before we begin to see a meaningful amount of attained age 80+ claims.

For long term care, credibility on incidence emerges first and the credibility of claim resolution and utilization comes later. Because we do not consider our own incidence experience credible we also do not consider our resolution or utilization experience credible either.

Even though our own internal morbidity experience is not credible, we do monitor our own emerging experience and compare it to the 2014 Milliman Guidelines, which have been adjusted for our product design, underwriting and claims administration practices.

As shown in Exhibit 1 below, our limited experience has been consistent with the 2014 Milliman Guidelines when comparing overall cash claim payments. Cash claims is the combination of claim incidence, resolution and utilization and represents the overall cash impact on our financials. As shown, our total cash claim payments to date are in line with the 2014 Milliman Guidelines with an overall actual-to-expected (A/E) ratio of 105%, which does not call into question the use of the 2014 Milliman Guidelines and attributing all credibility to those assumptions.

For context, the 2014 Milliman Guidelines are based on \$18 billion of cash claims while NLTC has paid only \$174 million in cash claims (adjusted for IBNR) since inception, which is less than 1% of the experience that the 2014 Milliman Guidelines are based on.

To maximize the actual experience in the following exhibits all NLTC experience from the inception of the product line through 12/31/15 is included (even the experience of policy forms where no increase is being requested).

Exhibit 1 - Actual to Current Expected Cash Claims

Actual = NLTC Inception through 12/31/15
 Expected = Current Assumptions (2014 Milliman)
 Nationwide

Calendar		Current	
Year	Actual	Expected	A / E
		(2014	
		Milliman)	
Pre-2005	1,100,424	1,271,672	87%
2005	1,720,079	2,045,659	84%
2006	2,975,789	3,107,285	96%
2007	4,681,469	4,521,852	104%
2008	6,369,552	6,365,118	100%
2009	9,509,582	8,703,030	109%
2010	13,398,062	11,587,755	116%
2011	17,307,568	15,115,101	115%
2012	21,120,117	19,394,042	109%
2013	25,831,290	24,588,820	105%
2014	31,078,581	30,791,533	101%
2015*	39,040,149	38,073,677	103%
Total	174,132,661	165,565,545	105%

* Includes an adjustment for incurred but not reported (IBNR)

In addition to the aggregate cash claims, comparisons of actual experience to the 2014 Milliman Guideline morbidity assumptions by component (incidence, resolutions and utilization) are also provided in the following exhibits. Comparisons of inception to 12/31/15 experience relative to the original morbidity assumptions described in the Actuarial Memorandums for each policy form are also included.

Claim incidence rates are a fundamental morbidity measure indicating the rate at which insureds go on claim. A policy is considered to be a claim once the elimination period is met. An A/E claim incidence ratio above 100% means there have been more actual incidences of claims for that period than the expected basis would have anticipated (and vice versa). However, since our NLTC policies are reimbursement products, a higher number of claims alone does not mean there will ultimately be a higher dollar amount of claim payments made.

Exhibit 2 - Actual to Current Expected Claim Incidence

Actual = NLTC Inception through 12/31/15
 Expected = Current Assumptions (2014 Milliman)
 Nationwide

Policy Year	Issue Ages									
	< 50		50-59		60-69		> 69		All	
	Actual Claims	A / E	Actual Claims	A / E						
1-3	9	63%	48	72%	57	50%	58	59%	172	59%
4-6	15	90%	77	80%	136	76%	157	91%	385	83%
7-9	13	74%	69	60%	188	86%	256	123%	526	94%
10+	7	40%	96	72%	375	109%	333	119%	811	103%
Total	44	67%	290	70%	756	89%	804	106%	1,894	90%
Exposure Years	334,294		651,827		363,472		50,616		1,400,209	
	24%		47%		26%		4%		100%	

Exhibit 3 - Actual to Original TT.LTC.(1010) Expected Claim Incidence

Actual = NLTC Inception through 12/31/15
 Expected = TT.LTC.(1010) Original Assumptions
 Nationwide

Policy Year	Issue Ages									
	< 50		50-59		60-69		> 69		All	
	Actual Claims	A / E	Actual Claims	A / E	Actual Claims	A / E	Actual Claims	A / E	Actual Claims	A / E
1-3	9	85%	48	86%	57	50%	58	71%	172	65%
4-6	15	155%	77	102%	136	72%	157	107%	385	91%
7-9	13	148%	69	82%	188	89%	256	155%	526	111%
10+	7	64%	96	85%	375	125%	333	156%	811	125%
Total	44	110%	290	88%	756	93%	804	133%	1,894	105%
Exposure Years	334,294		651,827		363,472		50,616		1,400,209	
	24%		47%		26%		4%		100%	

**Exhibit 4 - Actual to Original RS.LTC.(1101), RS.LTC.(0708), & RR.LTC.(0798)
Expected Claim Incidence**

Actual = NLTC Inception through 12/31/15

Expected = RS.LTC.(1101), RS.LTC.(0708), & RR.LTC.(0798) Original Assumptions
Nationwide

Policy Year	Issue Ages									
	< 50		50-59		60-69		> 69		All	
	Actual Claims	A / E	Actual Claims	A / E	Actual Claims	A / E	Actual Claims	A / E	Actual Claims	A / E
1-3	9	98%	48	103%	57	59%	58	66%	172	71%
4-6	15	183%	77	120%	136	71%	157	97%	385	90%
7-9	13	175%	69	93%	188	80%	256	132%	526	103%
10+	7	73%	96	85%	375	94%	333	121%	811	100%
Total	44	128%	290	97%	756	82%	804	112%	1,894	95%
Exposure Years	334,294		651,827		363,472		50,616		1,400,209	
	24%		47%		26%		4%		100%	

Claim resolutions are another fundamental morbidity measure that indicates the percentage of claimants remaining on claim each month after the elimination period has been met. Similar to claim incidence rates, claim resolution rates are on a count basis. Claim resolution rates lower than expected indicate that claimants are staying on claim longer than the expected basis would have anticipated (and vice versa). However, since our NLTC policies are reimbursement products, a lower resolutions rate alone does not mean there will ultimately be a higher dollar amount of claim payments made.

Exhibit 5 - Actual to Current Expected Claim Resolutions

Actual = NLTC Inception through 12/31/15

Expected = Current Assumptions (2014 Milliman)
Nationwide

Claim Month	Actual Resolutions	A / E
1-6	286	80%
7-12	186	87%
13-18	105	68%
19-24	93	76%
25-30	59	66%
31-36	77	95%
37-42	42	64%
43-48	28	61%
49-54	24	78%
55-60	21	65%
61+	44	80%
Total	965	77%

Exhibit 6 - Actual to Original TT.LTC.(1010) Expected Claim Resolutions

Actual = NLTC Inception through 12/31/15
Expected = TT.LTC.(1010) Original Assumptions
Nationwide

Claim Month	Actual Resolutions	A / E
1-6	286	56%
7-12	186	60%
13-18	105	47%
19-24	93	55%
25-30	59	49%
31-36	77	68%
37-42	42	45%
43-48	28	40%
49-54	24	50%
55-60	21	44%
61+	44	58%
Total	965	54%

**Exhibit 7 - Actual to Original RS.LTC.(1101), RS.LTC.(0708), & RR.LTC.(0798)
Expected Claim Resolutions**

Actual = NLTC Inception through 12/31/15
Expected = RS.LTC.(1101), RS.LTC.(0708), & RR.LTC.(0798) Original Assumptions
Nationwide

Claim Month	Actual Resolutions	A / E
1-6	286	42%
7-12	186	48%
13-18	105	39%
19-24	93	47%
25-30	59	43%
31-36	77	62%
37-42	42	43%
43-48	28	37%
49-54	24	48%
55-60	21	47%
61+	44	61%
Total	965	45%

Claim utilization measures the percentage of the maximum available benefit reimbursed each day/month a policy is on claim. Since our LTC policies are reimbursement products we do not expect insureds to use 100% of the maximum available benefit while on claim. Low claim utilization can help offset higher claim incidence or lower claim resolution (or vice versa). Claim utilization is the only morbidity fundamental measured on a dollar basis.

Exhibit 8 - Actual to Current Expected Claim Utilization

Actual = NLTC Inception through 12/31/15
 Expected = Current Assumptions (2014 Milliman)
 Nationwide

Policy Year	Actual Paid Claims*	Actual Utilization	Expected Utilization	A / E
1-3	2,442,742	54%	71%	76%
4-6	18,393,536	58%	74%	79%
7-9	43,941,364	64%	75%	85%
10+	109,355,019	66%	78%	86%
Total	174,132,661	65%	76%	85%

* Includes an adjustment for incurred but not reported (IBNR)

Exhibit 9 - Actual to Original TT.LTC.(1010) Expected Claim Utilization

Actual = NLTC Inception through 12/31/15
 Expected = TT.LTC.(1010) Original Assumptions
 Nationwide

Policy Year	Actual Paid Claims*	Actual Utilization	Expected Utilization	A / E
1-3	2,442,742	54%	91%	59%
4-6	18,393,536	58%	96%	60%
7-9	43,941,364	64%	97%	66%
10+	109,355,019	66%	96%	69%
Total	174,132,661	65%	96%	67%

* Includes an adjustment for incurred but not reported (IBNR)

Exhibit 10 - Actual to Original RS.LTC.(1101), RS.LTC.(0708), & RR.LTC.(0798) Expected Claim Utilization

Actual = NLTC Inception through 12/31/15
 Expected = RS.LTC.(1101), RS.LTC.(0708), & RR.LTC.(0798) Original Assumptions
 Nationwide

Policy Year	Actual Paid Claims*	Actual Utilization	Expected Utilization	A / E
1-3	2,442,742	54%	89%	60%
4-6	18,393,536	58%	94%	62%
7-9	43,941,364	64%	96%	66%
10+	109,355,019	66%	96%	69%
Total	174,132,661	65%	96%	67%

* Includes an adjustment for incurred but not reported (IBNR)

3. Terminations (Mortality & Lapses)

In determining our mortality assumption, we have not relied directly on an analysis of our own reported LTC deaths for several reasons.

- Deaths tend to be underreported for LTC, so the deaths we do observe are not necessarily a good representation of actual true mortality.

- We only have younger attained age experience, and we know the majority of our deaths will occur (and the financial impact will be felt) at older attained ages where we have very little, if any, experience to-date.
- Although we have seen a little over 4,000 total reported deaths since inception, the majority of those deaths are in the early policy durations where lapses dominate our total terminations by far. For example, about 3,000 of our reported deaths are in the first 10 policy durations, during which time there were a total of nearly 35,000 lapses. Given the large difference it is difficult to separate out true mortality from the total terminations.

A large portion of our LTC policyowners also own life insurance. Therefore, in lieu of relying directly on our own LTC reported deaths to develop our mortality assumption we have instead relied on an analysis of the life insurance class that those LTC policyowners were issued as a primary input into our mortality assumption. We have over 150 years of mortality experience with our life insurance block and consider that experience fully credible.

With recent analysis done in 2015 we were able to match nearly 120,000 LTC policies to life insurance policies, which was over half of our inforce LTC block at that time. We believe that this represents the best estimate of the expected mortality for these policyowners and the analysis resulted in significantly better expected mortality than originally assumed.

Additional analysis was performed to determine the estimated mortality for those LTC policies that did not purchase life insurance by conducting life underwriting on a sampling of a few hundred LTC policies to estimate the overall expected mortality for those policies. Our final overall mortality assumption was based on the analysis above, as well as actuarial judgment, and ended up between the matched and unmatched policy analysis.

Our lapse assumption was set to result in an overall total termination assumption that was in-line with our overall total termination experience to date, given the mortality assumption described above.

For the reasons stated above we do not believe it is valuable, at least at this point, to rely on detailed comparisons of actual reported to expected deaths or lapses either in total or by segments. Even if our individual mortality or lapse experience is a bit different from our expected assumptions in isolation, what matters is that they are reasonable in total, which they are.

Although we do not rely directly on an analysis of our own reported deaths or lapses in isolation to determine our assumptions, we do compare emerging total termination experience to total expected terminations to ensure that we are in line overall. In Exhibit 11 we have provided an actual to current expected comparison of mortality, lapses, and total terminations by policy duration. To maximize the actual experience in the exhibit all NLTC experience from the inception of the product line through 12/31/15 is included (even the experience of policy forms where no increase is being requested). Comparisons of inception to 12/31/15 experience relative to the original mortality and lapse assumptions described in the Actuarial Memorandums for each policy form are also included.

Since our total termination A/E ratio is about 99% overall, we feel comfortable with our lapse and mortality assumptions. Note that as mentioned above, deaths tend to be underreported for LTC, and thus it is not surprising that the A/E's for mortality tend to be less than 100% and greater than 100% for lapses.

Exhibit 11 - Actual to Current Expected Total Terminations

Actual = NLTC Inception through 12/31/15

Expected = Current Assumptions

Nationwide

Policy Year	Actual Lapses	A / E	Actual Deaths	A / E	Total Terms.	A / E
1	8,681	100%	154	39%	8,835	97%
2	9,625	102%	251	59%	9,876	100%
3	5,710	93%	309	72%	6,019	92%
4	3,750	98%	355	86%	4,105	97%
5	2,405	96%	348	86%	2,753	95%
6	1,720	102%	335	84%	2,055	98%
7	1,211	105%	326	83%	1,537	99%
8	873	105%	326	84%	1,199	98%
9	598	194%	341	93%	939	139%
10	414	169%	296	87%	710	121%
11	315	167%	312	100%	627	125%
12	196	140%	243	89%	439	106%
13	128	130%	215	93%	343	104%
14	94	148%	176	96%	270	110%
15	60	154%	143	106%	203	117%
16	27	134%	85	100%	112	106%
17	10	152%	32	91%	42	101%
Total	35,817	101%	4,247	82%	40,064	99%

Exhibit 12 - Actual to Original TT.LTC.(1010) Expected Total Terminations

Actual = NLTC Inception through 12/31/15

Expected = TT.LTC.(1010) Original Assumptions

Nationwide

Policy Year	Actual Lapses	A / E	Actual Deaths	A / E	Total Terms.	A / E
1	8,681	113%	154	12%	8,835	98%
2	9,625	159%	251	20%	9,876	135%
3	5,710	119%	309	25%	6,019	100%
4	3,750	109%	355	31%	4,105	89%
5	2,405	96%	348	32%	2,753	77%
6	1,720	93%	335	33%	2,055	72%
7	1,211	91%	326	34%	1,537	67%
8	873	93%	326	36%	1,199	65%
9	598	77%	341	40%	939	58%
10	414	68%	296	39%	710	52%
11	315	74%	312	47%	627	57%
12	196	70%	243	43%	439	52%
13	128	74%	215	47%	343	55%
14	94	99%	176	52%	270	62%
15	60	123%	143	59%	203	70%
16	27	134%	85	59%	112	68%
17	10	152%	32	57%	42	67%
Total	35,817	115%	4,247	33%	40,064	91%

Exhibit 13 - Actual to Original RS.LTC.(1101), RS.LTC.(0708), & RR.LTC.(0798)
Expected Total Terminations
 Expected = RS.LTC.(1101), RS.LTC.(0708),
 & RR.LTC.(0798) Original Assumptions
 Nationwide

Policy Year	Actual Lapses	A / E	Actual Deaths	A / E	Total Terms.	A / E
1	8,681	84%	154	10%	8,835	75%
2	9,625	118%	251	17%	9,876	103%
3	5,710	87%	309	22%	6,019	76%
4	3,750	78%	355	28%	4,105	67%
5	2,405	65%	348	30%	2,753	57%
6	1,720	57%	335	31%	2,055	50%
7	1,211	50%	326	33%	1,537	45%
8	873	44%	326	34%	1,199	41%
9	598	37%	341	39%	939	38%
10	414	33%	296	38%	710	35%
11	315	32%	312	46%	627	38%
12	196	27%	243	42%	439	34%
13	128	25%	215	46%	343	35%
14	94	28%	176	51%	270	39%
15	60	29%	143	58%	203	45%
16	27	25%	85	58%	112	44%
17	10	28%	32	55%	42	45%
Total	35,817	77%	4,247	31%	40,064	66%



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

Northwestern Long Term Care Insurance Co.
NAIC # 860-69000
FEIN # 36-2258318

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Actuary
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February 25, 2017

This filing contains proposed rate increases for several of our inforce LTC blocks of business. All of these blocks of business are closed blocks and not currently available for sale. These guaranteed renewable products include lifetime pay premiums with benefit period offerings of three years, six years and lifetime.

This is the first time we have raised rates on inforce policies and we don't make this decision lightly. However, we believe that in the best interest of all of our policyowners, this action is prudent to sustain the financial well being of the product line, and to strengthen our ability to pay future claims. The requested rate increase on average for these policy forms is 27% of premium and would become effective on the next policy anniversary date after receiving state approval and following a 75-day policyowner notification period.

Although we could actuarially justify a higher rate increase at this time, we have decided to request less taking into consideration the impact on our policyowners. In determining our requested rate increase we have not targeted a specific loss ratio, nor have we established any long-term loss ratio targets for these blocks. Our goal is simply to meaningfully reduce our current premium shortfall now. Over the coming years we will monitor actual experience and refine our expectations with respect to future experience and, if necessary, adjust premiums as appropriate.

Updated Assumptions

The requested rate increase is due to people living longer, holding onto their policies longer, going on claim more frequently, and staying on claim longer than originally assumed. We have included a summary of assumptions for the proposed filing compared to the original pricing assumptions for the policy forms impacted.

Since our LTC block of business is relatively young and thus lacks credibility, we rely on Milliman to provide us with credible industry claims data which we use to set our expectations around future morbidity. We recently received the updated 2014 Milliman Guidelines which are the basis for this rate filing's morbidity assumptions. We have compared our own very limited claims data to these new guidelines and, in total, our claims data is in line with these assumptions. However, claim costs for the policy forms covered by this filing are higher than originally assumed.

The mortality and lapse assumptions for this filing are based on current experience. As part of determining our mortality assumption for this filing, we performed an updated analysis of our anticipated LTC mortality based on the underwriting classification of our LTC insureds who have

also bought life insurance through Northwestern Mutual (NM). In addition, we performed an analysis of the expected mortality for insureds who did not previously purchase a NM life insurance product. The mortality experience study resulted in lower expected mortality rates than originally assumed for these policy forms. The lapse assumptions for this filing are based on actual lapse experience, which is lower than originally assumed for these policy forms.

There are morbidity, mortality and lapse experience exhibits included in this filing to support our current assumptions outlined in the Actuarial Memorandum.

Policyowner Options

We understand that an inforce rate increase may be difficult for our policyowners, so that is why we are offering several options for reducing coverage if they decide not to maintain their current coverage level. These options include decreasing their benefit period, decreasing their maximum monthly or daily limit (MML/MDL), decreasing their inflation percentage or dropping it altogether, increasing their elimination period, dropping any additional benefits, or some combination of these benefit reduction options.

Even though this rate increase does not meet the definition of a substantial premium increase under the NAIC LTC Model Regulation for the majority of policies involved, we are providing the Contingent Non-forfeiture Benefit to all policyowners with the lifetime premium payment period who do not pay their premiums within 120 days of their rate increase premium due date. This paid up benefit would be equal to the sum of premiums paid from issue. Policyowners with limited pay premium payment periods have the NAIC's optional Non-forfeiture Benefit automatically included in their policies, and will be administered under the provisions of that feature.

Policyowner Notification Letter

To help our policyowners plan for this rate increase and to comply with 14 VAC 5-200-185, policyowners will be notified at least 75 days prior to the due date of the premium reflecting the rate increase. This will satisfy the required rate increase notification and consumer disclosure elements outlined in the revised NAIC model regulation, model bulletin, and Guidance Manual within the mandatory timeframes for notice and policyowner action. In addition, this letter will lay out policyowner options for maintaining or reducing their premiums and the resulting impact each option has on their premium. This additional information will help our clients to make an informed decision regarding their rate increase. A sample of the letter is included in this filing.

Filing Status

We have filed for rate increases in most states and intend to have all of our filing completed within the next month. To-date we have received approvals in 27 states. In the majority of those states we have received approval for increases at or very near what was requested. Only a handful of states have capped our rate increase request and virtually all of those states have indicated that we would be able to file for any remaining portion of the requested increase within one year's time. A detailed summary of the current filing status can be found in the spreadsheet entitled "Filing Status (VA)".

After a thorough review of this filing, we hope that you agree that the proposed rates are justified and appropriate in order to provide us with a prompt approval. Please review the additional

supporting materials included in this filing and feel free to let me know if you have any additional questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Gregory Gurlik". The signature is written in a cursive style with a large initial "G".

Gregory Gurlik, FSA, MAAA
Actuary

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

<u>Product Name</u>	<u>Policy Form Number</u>	<u>Issue Date Range*</u>
QuietCare RS	RS.LTC.(1101) & RS.LTC.(0807)	October 2003 – July 2008
QuietCare RS	RS.LTC.(0708)	July 2008 – October 2010 (*see exhibit 2 for state's ranges)

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1. Scope & Purpose

This memorandum consists of materials which support the development of new premium rates for the policy series forms listed on page 1. The purpose of this memorandum is to demonstrate that the requirements of this State in regards to an in force rate increase request have been met. This rate filing is not intended to be used for any other purpose.

2. Requested Rate Increase

The company is requesting an average rate increase of 27% with the rate increase varying by benefit period. The requested rate increase for 3 year benefit period is 10%, 6 year benefit period is 25% and lifetime benefit period is 30%. Rates are not being increased for issue age 75+ policies with 3 year benefit period to ensure that inforce rates do not exceed new issue business rates. The rate increases adhere to the following restrictions:

- a. We ensure that the proposed rate increase does not result in premium rates that exceed the rates for new business. This is demonstrated in the attached premium rate comparison.
- b. We ensure that the resulting overall increase in rates satisfies 14VAC5-200-153 C2, ensuring no less than an 85% loss ratio on the rate increase portion, while applying 61% to the current rate schedule. This is demonstrated in the revised Exhibit 1.
- c. The lifetime loss ratio after the proposed rate increase is greater than or equal to the lifetime loss ratio targeted in the original filing from this form.

New proposed rate tables for these policy forms are included with this filing. The contingent non-forfeiture paid up benefit equal to the sum of premiums paid is being offered to all policyowners impacted by the rate increase whether or not their increase is above the substantial increase triggers.

The number of policyowners and amount of inforce premium, as of December 31, 2015, for your state and nationwide, are displayed in Exhibit 2. The exhibit also shows the average annual premium before and after the proposed rate increase.

3. Reason for Rate Increase Request

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are mainly the result longer claim continuance with a greater effect on longer benefit periods, combined with lower lapse and mortality rates.

Northwestern Long Term Care Insurance Company (NLTC) has been evaluating this block and updating assumptions based on our experience as well as the LTCi industry experience. For the forms specified above, the projected lifetime loss ratio based on the assumptions outlined in this memo is worse than original pricing. The combined effect of changing the underlying claim costs and updating the mortality rates and persistency assumptions resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, NLTC is requesting a rate increase in order to maintain the viability and financial stability of the policy form.

Even though we could justify a higher rate increase, at this time we have decided to request 27% taking into consideration the impact on our policyowners. The requested premium rate schedule increase is not considered sufficient to cover the adverse impact of the changes to the assumptions in this filing. If the rate schedule increase of 68% were requested and implemented and the underlying assumptions with additional margin for moderately adverse conditions are realized no increase beyond 68% would be anticipated.

4. Rate Increase History

We have not requested any previous rate increases on these policy forms, either in your state or on a nationwide basis.

5. Benefit Descriptions

This policy provides comprehensive long term care coverage, and reimburses eligible expenses of the insured up to the daily limits of the policy. The product is priced to have level premiums. All premiums are guaranteed renewable. If the policy becomes paid-up it becomes non-cancellable. The product is available at issue ages 18-79. Premiums are on a sex neutral basis.

The insured chooses a daily limit, benefit period, elimination period, and home and community care coverage percentage. The plan reimburses eligible expenses up to the daily limits once the elimination period is satisfied. The plan continues to reimburse expenses until eligible expenses are no longer incurred or benefits are exhausted.

Care can be provided by licensed health care practitioners in licensed nursing homes, alternate living facilities, the home, and adult day care agencies. Respite care is also covered.

Two indexing options are available. The first option, called the Automatic Benefit Increase option, is a level premium product with the daily limit and the Benefit Account Value remaining indexing at 3%, 4%, or 5% per year. The insured chooses the indexing percentage at issue.

The second option, called the Automatic Additional Purchase Benefit, provides a level benefit while the insured does not require LTC benefits. The daily limit and the Benefit Account Value remaining begin indexing at 5% per year if and when the insured is on claim. Also under this option, the insured has the option of purchasing an additional amount of coverage, equal to 5% of the prior year's daily limit, each year while not on claim. This additional coverage also increases the Benefit Account Value. The premiums for the additional coverage are level and are based on the insured's current attained age. The insured can continue to purchase the additional coverage under this option until the later of age 85 or the tenth policy anniversary, or until the insured has refused two of the optional increases in coverage.

All plans include the waiver of premium benefit.

An optional non-forfeiture benefit and survivorship benefit are also available. The non-forfeiture benefit, called Paid-up Nonforfeiture Benefit, provides paid-up coverage when premium payments stop on or after the third policy anniversary via a smaller Benefit Account Value. Although we are filing for a premium rate increase, the premiums under the non-forfeiture benefit are not changing at this time.

The survivorship benefit, called the Survivorship Benefit, is a benefit that can be purchased when two spouses each purchase an NLTC long-term care policy. This benefit will change the status of the second insured's policy to fully paid up, beginning at the later of the death of the first insured, and the first anniversary after the benefit on the surviving insured's policy has been paid for and in force for 7 years.

One underwriting class exists for all policies issued. The policy is participating.

6. Renewability

All policy forms listed above are guaranteed renewable.

7. Applicability

This filing is applicable to in force policies only, as this policy form is no longer being sold in your state or nationwide. The premium changes will apply to the base form as well as to all applicable additional benefits. The premium change will also apply to future purchase option elections under the Automatic Additional Purchase Benefit. The premium changes will not apply to policies which have already reached paid-up status.

The company remains in the market, and currently sells similar long-term care insurance.

8. Marketing Method

All policy forms listed above were marketed by Northwestern Mutual's (parent company of NLTC) career captive field force.

9. Issue Age Ranges

Issue ages are from 18 to 79.

10. Actuarial Assumptions – Updated

This section includes the current assumptions used to justify the premium rate increase. These assumptions do not include any margin for adverse experience.

A. Morbidity - Updated

Claim costs from Milliman's 2014 edition of the Long Term Care Guidelines were used for morbidity estimates. The Guidelines have been developed in conjunction with professionals in several Milliman offices and reflect actual experience of various carriers, numerous studies of non-insurance data and judgment. The guidelines are a continually evolving rating structure that are modified as more experience becomes available.

The 2014 Milliman Guidelines were tailored to reflect NLTC's underwriting standards and claims administration practices. Milliman develops morbidity selection factors for three levels of underwriting: looser underwriting, average underwriting, and stricter underwriting. Milliman determined after analyzing NLTC's underwriting standards and practices that we fall in the stricter underwriting category. Milliman also came in to look at our claims administration practices to adjust the 2014 Milliman Guidelines in order to be more in line with how we administer long-term care claims. Final adjustments were made to morbidity recognizing anticipated morbidity differences due to NLTC's specific product design.

We also reviewed how the 2014 Milliman Guidelines compare to our own limited amount of long-term care claims data and our cash claim payments are in line with the expected basis. Since the 2014 Guidelines provided by Milliman were based on long-term care policies with specific benefits equal to what these policy forms offer, our overall morbidity experience to-date, although limited and not credible, does not

call into question the validity of the 2014 Milliman Guidelines for this block of business.

No morbidity improvement was assumed in pricing.

Appendix I shows a sample of claim costs used in determining the premium rate increase.

B. Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate. Normal renewal commission rates will be applied on any increase in premium.

C. Mortality - Updated

Our mortality assumptions were developed using internal company experience and include underwriting selection factors. Mortality improvement is also assumed through attained age 105.

In comparing the pricing mortality table used to the 1994 Group Annuitant Mortality (94 GAM) table used for valuation, the pricing ultimate rates are more conservative for the majority of issue ages. However, the biggest difference between the two tables is not the ultimate rates but that the pricing mortality recognizes lower mortality rates on recently underwritten business (mortality selection) and improved mortality over time (mortality improvement). Thus, the pricing mortality is more conservative than the table used for valuation (94 GAM) which does not have selection or improvement.

D. Lapse – Updated

Policy Year	%
1	3.400%
2	4.300%
3	3.200%
4	2.500%
5	2.000%
6	1.600%
7	1.300%
8	1.100%
9	0.500%
10+	0.500%

Lapse Adjustment by Issue Age: The following table of multipliers was used to adjust lapse rates for policies issued at older ages.

Updated Lapse Adjustment by Issue Age			
Policy Year	Issue Ages 18-69	Issue Ages 70-74	Issue Ages 75-79
1	100%	100%	90%
2	100%	100%	75%
3	100%	100%	60%
4	100%	100%	45%
5	100%	100%	30%
6	100%	100%	15%
7	100%	100%	0%
8	100%	100%	0%
9	100%	100%	0%
10	100%	80%	0%
11	100%	60%	0%
12	100%	40%	0%
13	100%	20%	0%
14+	100%	0%	0%

Lapse Adjustment for Paid-Up Nonforfeiture Benefit – These multipliers remain the same as those used for the original pricing.

E. Interest

Discounting and accumulating of earned premiums and incurred claims for the purpose of calculating historical, future anticipated and lifetime loss ratios was performed using the maximum valuation interest rate.

F. Distribution

Distribution of Business by Issue Age:

<u>Issue Age</u>	<u>Expected Distribution</u>	<u>Actual Distribution</u>
52	5%	45%
57	20%	26%
62	35%	18%
67	25%	8%
72	10%	2%
77	5%	1%

Average issue age = 54.7

Distribution of Business by Plan:

<u>Benefit Period</u> <u>(Years)</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
3	10%	9%
6	25%	27%
Lifetime	65%	64%
<u>Elimination Period</u> <u>(Weeks)</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
6	15%	6%
12	70%	86%
25	15%	8%
<u>Home & Community</u> <u>Care %</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
100%	85%	84%
50%	15%	6%

Distribution of Business by Sex:

<u>Sex</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
Male	40%	47%
Female	60%	53%

Distribution of Business by Indexing Option:

<u>Indexing Option</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
None	25%	16%
Automatic Benefit Increase	5%	16%
Automatic Additional Purchase Benefit	70%	68%

11. Actuarial Assumptions - Original

The initial premium rate schedule was based on the originally filed pricing assumptions which were believed to be appropriate, given company and industry experience available, when the initial rate schedule was developed. The original pricing assumptions for morbidity, voluntary termination rates, and mortality were as follows:

A. Morbidity - Original

The Milliman & Robertson (M&R) Internal Guidelines for Long Term Care Claim Costs were used for morbidity estimates. These Guidelines were developed in conjunction with professionals in several M&R offices during the mid-1990s and reflect actual experience of various carriers at that time, numerous studies of non-insurance data and actuarial judgment. The guidelines were established with a continually evolving rating structure that allow for modifications over time as more experience becomes available.

Underwriting adjustments were applied by policy year to reflect the morbidity anticipated due to underwriting. These factors were based on experience reviewed by M&R for benefit plans similar to NLTC with modifications to reflect the level of underwriting. For the Automatic Additional Purchase Benefit option, composite selection factors were calculated from the factors above recognizing that initial underwriting will wear off over time. Final adjustments were made to morbidity recognizing anticipated morbidity differences due to NLTC specific underwriting and product design.

Appendix II shows claim costs used in developing original premiums.

B. Mortality - Original

1983 Individual Annuitant Mortality

C. Lapse - Original

Policy Year	Lapse Rate
1	4.00%
2	3.60%
3	3.30%
4	3.05%
5	2.90%
6	2.80%
7	2.70%
8	2.60%
9	2.55%
10+	2.50%

Lapse Adjustment for Paid-Up Nonforfeiture Benefit - The following table of multipliers was used to adjust lapse rates for those policies with the Paid-Up Nonforfeiture Benefit (NFB) option:

Policy Year	Lapse Adjustment Multiplier for NFB
1	50%
2	0%
3	200%
4	170%
5+	110%

12. Underwriting

Medical underwriting was required for individual policies issued under this policy form and varied by issue age. LTC underwriting takes into account conditions or combinations of medical conditions that are likely to result in an impending need for services. There was one standard underwriting class for these policy forms.

13. Premium Classes

Premiums are unisex and payable for life, except if the policy becomes paid up as described in Section 5 above. The premiums may vary according to one or more of the following policy and policyholder attributes: issue age, benefit level, benefit period, elimination period, inflation option, premium mode, home and community care coverage percentage, marital status, and additional benefits.

A multi-life discount of 5% is also applied where policies were marketed to three or more lives of an employer/employee group or ten or more lives of an association group. The discount was available to members and retirees of these groups, as well as their parents, spouses, and spouses' parents.

14. Reserve Basis

A. Base Plans

Statutory Reserve Basis - Statutory Active Life Reserves are based on the claim costs developed for this plan increased by 20-25%, varying by issue age. A one-year preliminary term method with 1994 Group Annuitant Mortality (94 GAM) and 4.0% or 4.5% interest is used, based on year of issue. Lapse rates are included in the reserve calculations. Specifically, the following formula for total termination rates (TTRs) is used:

TTR = Lessor of: a) 1994 GAM plus lessor of:
 i) 8% for durations 1-4
 4% for duration 5 and later; or
 ii) 80% of pricing lapse rate;
 And
 b) 80% of pricing total termination rate.

Disabled life reserves use the claim costs developed for this plan and the maximum statutory valuation interest rate by calendar year of claim onset.

Since the perceived appropriateness of reserve assumptions can change after issue, the company performs annual asset adequacy testing for its LTC block overall. Additional actuarial reserves due to asset adequacy testing have been held since 2012, and as of December 31, 2016, \$265 million was held for the LTC product line.

B. Paid-Up Nonforfeiture Benefit

Paid-Up Nonforfeiture Benefit Reserves use the same assumptions as the base plan except where noted below. Active life reserves are equal to:

- a. The greater of:
 - 1. The LTC active life reserve, and
 - 2. The lapse benefit
- plus
- b. The Paid-Up Nonforfeiture Benefit Reserve

where:

The LTC active life reserve is consistent with the base policy.

The lapse benefit is equal to the present value of future claims for an insured if the policy is lapsed in the following year.

The Paid-Up Nonforfeiture Benefit Reserve is equal to the present value of future claims for all insureds currently in paid-up status.

Appendix I – Sample Claim Costs (Repricing)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.558	0.490	0.410	0.416	0.363	0.300	0.402	0.353	0.295	0.299	0.262	0.216
65	1.438	1.260	1.046	1.532	1.347	1.125	1.040	0.911	0.756	1.107	0.974	0.813
75	5.574	4.875	4.012	6.940	6.145	5.181	4.346	3.801	3.128	5.412	4.791	4.040
85	22.796	19.920	16.313	32.494	28.874	24.483	19.507	17.046	13.958	27.807	24.708	20.950
95	48.257	41.378	32.595	78.732	69.591	58.301	43.708	37.475	29.518	71.310	63.028	52.799

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.962	0.851	0.719	0.709	0.625	0.525	0.692	0.612	0.517	0.510	0.450	0.378
65	2.393	2.109	1.765	2.592	2.294	1.935	1.730	1.524	1.276	1.874	1.658	1.398
75	8.751	7.675	6.340	11.702	10.395	8.809	6.823	5.984	4.942	9.125	8.105	6.868
85	34.666	30.332	24.875	54.227	48.226	40.897	29.663	25.953	21.282	46.402	41.265	34.992
95	69.059	59.342	46.904	122.987	108.557	90.552	62.544	53.741	42.472	111.386	98.313	82.000

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.540	1.375	1.181	1.270	1.136	0.979	1.108	0.990	0.850	0.914	0.818	0.704
65	3.690	3.285	2.798	4.400	3.940	3.394	2.667	2.374	2.022	3.180	2.847	2.452
75	12.580	11.138	9.361	18.713	16.763	14.433	9.809	8.684	7.298	14.591	13.070	11.252
85	48.110	42.480	35.460	82.748	74.112	63.701	41.168	36.348	30.339	70.808	63.415	54.503
95	95.632	83.314	67.683	179.789	160.085	135.830	86.612	75.451	61.290	162.832	144.980	123.005

Appendix I– Sample Claim Costs (cont.)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.596	0.527	0.447	0.443	0.390	0.327	0.429	0.379	0.322	0.319	0.281	0.236
65	1.534	1.353	1.140	1.635	1.447	1.226	1.109	0.978	0.824	1.181	1.046	0.886
75	5.936	5.226	4.363	7.416	6.608	5.651	4.629	4.075	3.402	5.783	5.153	4.406
85	24.255	21.329	17.718	34.750	31.070	26.708	20.756	18.251	15.161	29.738	26.587	22.853
95	51.081	44.088	35.266	84.057	74.748	63.474	46.265	39.930	31.937	76.133	67.700	57.485

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.076	0.959	0.823	0.792	0.704	0.601	0.775	0.690	0.592	0.570	0.506	0.432
65	2.664	2.364	2.010	2.894	2.579	2.209	1.925	1.709	1.453	2.091	1.864	1.597
75	9.656	8.526	7.148	13.065	11.682	10.044	7.529	6.647	5.572	10.187	9.108	7.831
85	38.060	33.514	27.882	60.476	54.115	46.519	32.567	28.677	23.856	51.749	46.304	39.802
95	74.869	64.772	52.001	135.797	120.566	101.893	67.807	58.659	47.088	122.988	109.189	92.271

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.908	1.716	1.496	1.676	1.513	1.326	1.373	1.235	1.076	1.206	1.089	0.955
65	4.464	4.002	3.460	5.644	5.092	4.457	3.227	2.892	2.500	4.079	3.680	3.221
75	14.631	13.038	11.114	23.079	20.808	18.164	11.409	10.166	8.665	17.995	16.224	14.162
85	54.953	48.818	41.308	98.771	88.953	77.391	47.023	41.772	35.343	84.519	76.115	66.218
95	106.745	93.605	77.174	207.005	185.294	159.084	96.677	84.772	69.886	187.482	167.812	144.065

Appendix II– Sample Claim Costs (Original Pricing)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.877	0.77	0.688	0.873	0.766	0.687	0.691	0.607	0.543	0.663	0.586	0.528
65	2.154	1.834	1.629	2.765	2.4	2.165	1.56	1.338	1.185	2.171	1.897	1.714
75	6.933	5.805	5.048	9.006	7.775	7.032	5.435	4.614	4.029	7.469	6.514	5.911
85	19.95	16.651	14.198	31.413	27.37	24.891	16.126	13.677	11.752	27.236	23.927	21.79
95	38.46	31.6	26.015	49.535	42.702	37.749	33.301	27.662	22.905	43.148	37.497	33.232

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.225	1.083	0.976	1.257	1.112	1.008	0.873	0.711	0.694	0.865	0.768	0.7
65	2.771	2.371	2.114	3.814	3.332	3.03	1.871	1.611	1.436	2.84	2.498	2.278
75	8.484	7.144	6.234	12.187	10.58	9.601	6.511	5.557	4.871	9.809	8.602	7.834
85	23.342	19.544	16.653	41.895	36.585	33.129	18.647	15.871	13.662	35.715	31.464	28.596
95	44.036	36.331	29.937	63.308	54.88	48.667	37.961	31.664	26.285	55.261	48.32	43.092

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.706	1.512	1.369	1.865	1.66	1.517	1.127	0.996	0.899	1.191	1.061	0.971
65	3.53	3.027	2.704	5.266	4.618	4.212	2.339	2.018	1.8	3.856	3.403	3.111
75	10.463	8.822	7.705	16.093	14	12.711	7.962	6.802	5.961	12.779	11.224	10.219
85	28.157	23.594	20.104	53.011	46.284	41.794	22.498	19.16	16.495	44.934	39.57	35.866
95	52.702	43.508	35.866	78.935	68.377	60.41	45.44	37.923	31.498	68.836	60.127	53.41

Appendix II– Sample Claim Costs (cont.)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.949	0.84	0.764	0.947	0.838	0.764	0.772	0.686	0.623	0.749	0.668	0.613
65	2.323	1.993	1.799	2.986	2.611	2.393	1.721	1.489	1.341	2.397	2.112	1.937
75	7.419	6.261	5.527	9.699	8.436	7.746	5.881	5.031	4.457	8.165	7.174	6.6
85	21.278	17.893	15.48	33.813	29.674	27.368	17.327	14.798	12.885	29.605	26.185	24.159
95	40.804	33.789	28.23	53.047	46.053	41.278	35.475	29.693	24.933	46.484	40.669	36.521

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.402	1.25	1.146	1.449	1.294	1.195	1.032	0.92	0.843	1.044	0.936	0.868
65	3.114	2.687	2.435	4.33	3.814	3.522	2.133	1.853	1.679	3.282	2.911	2.696
75	9.365	7.952	7.046	13.728	12.012	11.064	7.245	6.234	5.546	11.177	9.876	9.123
85	25.462	21.486	18.568	46.934	41.281	37.879	20.448	17.53	15.291	40.286	35.734	32.888
95	47.613	39.607	33.117	70.162	61.286	55.122	41.173	34.619	29.146	61.629	54.286	49.086

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	2.137	1.913	1.764	2.478	2.229	2.078	1.396	1.247	1.145	1.598	1.44	1.345
65	4.116	3.562	3.236	6.522	5.776	5.359	2.734	2.381	2.159	4.824	4.298	3.995
75	11.78	10.018	8.888	19.08	16.74	15.43	8.987	7.741	6.884	15.212	13.469	12.437
85	30.984	26.169	22.613	60.89	53.538	48.94	24.878	21.343	18.62	51.836	45.951	42.141
95	57.332	47.733	39.934	88.989	77.645	69.478	49.58	41.719	35.151	78.016	68.618	61.715

Appendix III – Ratio of Current to Original Claim Costs

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	64%	64%	60%	48%	47%	44%	58%	58%	54%	45%	45%	41%
65	67%	69%	64%	55%	56%	52%	67%	68%	64%	51%	51%	47%
75	80%	84%	79%	77%	79%	74%	80%	82%	78%	72%	74%	68%
85	114%	120%	115%	103%	105%	98%	121%	125%	119%	102%	103%	96%
95	125%	131%	125%	159%	163%	154%	131%	135%	129%	165%	168%	159%

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	79%	79%	74%	56%	56%	52%	79%	86%	74%	59%	59%	54%
65	86%	89%	83%	68%	69%	64%	92%	95%	89%	66%	66%	61%
75	103%	107%	102%	96%	98%	92%	105%	108%	101%	93%	94%	88%
85	149%	155%	149%	129%	132%	123%	159%	164%	156%	130%	131%	122%
95	157%	163%	157%	194%	198%	186%	165%	170%	162%	202%	203%	190%

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	90%	91%	86%	68%	68%	65%	98%	99%	95%	77%	77%	73%
65	105%	109%	103%	84%	85%	81%	114%	118%	112%	82%	84%	79%
75	120%	126%	121%	116%	120%	114%	123%	128%	122%	114%	116%	110%
85	171%	180%	176%	156%	160%	152%	183%	190%	184%	158%	160%	152%
95	181%	191%	189%	228%	234%	225%	191%	199%	195%	237%	241%	230%

Appendix III– Ratio of Current to Original Claim Costs (cont.)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	63%	63%	59%	47%	47%	43%	56%	55%	52%	43%	42%	38%
65	66%	68%	63%	55%	55%	51%	64%	66%	61%	49%	50%	46%
75	80%	83%	79%	76%	78%	73%	79%	81%	76%	71%	72%	67%
85	114%	119%	114%	103%	105%	98%	120%	123%	118%	100%	102%	95%
95	125%	130%	125%	158%	162%	154%	130%	134%	128%	164%	166%	157%

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	77%	77%	72%	55%	54%	50%	75%	75%	70%	55%	54%	50%
65	86%	88%	83%	67%	68%	63%	90%	92%	87%	64%	64%	59%
75	103%	107%	101%	95%	97%	91%	104%	107%	100%	91%	92%	86%
85	149%	156%	150%	129%	131%	123%	159%	164%	156%	128%	130%	121%
95	157%	164%	157%	194%	197%	185%	165%	169%	162%	200%	201%	188%

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	89%	90%	85%	68%	68%	64%	98%	99%	94%	75%	76%	71%
65	108%	112%	107%	87%	88%	83%	118%	121%	116%	85%	86%	81%
75	124%	130%	125%	121%	124%	118%	127%	131%	126%	118%	120%	114%
85	177%	187%	183%	162%	166%	158%	189%	196%	190%	163%	166%	157%
95	186%	196%	193%	233%	239%	229%	195%	203%	199%	240%	245%	233%

Actuarial Certification

I, Gregory Gurlik, am an Actuary and an officer of the Northwestern Long Term Care Insurance Company and am a member in good standing of the American Academy of Actuaries. I wrote the Actuarial Memorandum for the rate increase filing for forms RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708). The assumptions used as stated in this memorandum are reasonable and realistic for this product. To the best of my knowledge and judgment, this filing complies with the laws and regulations of your state and the benefits are reasonable in relation to the premiums charged.



Actuary

September 20, 2017

Date

Northwestern Long Term Care Insurance Company

Side by Side Comparison of UU.LTC(1014)Rev New Business Premium Rates and RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) Revised Premium Rates

The UU.LTC(1014)Rev policy form currently available for sale has two spousal/companion discounts available, a spousal one insured discount and a spousal two insured discount. The spousal one discount is for an individual who has a spouse or companion but their spouse or companion does not apply or is not medically approved for coverage. The spousal two discount is available for an individual if both associated spouses are medically approved for a current series policy and both policies are put inforce. The RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) policy forms only have one spousal/companion discount. This discount is a spousal two insured discount, where both spouses must have applied and been insurable in order to be eligible for the discount. Since RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) do not have a spousal one discount, the premiums for the UU.LTC(1014)Rev spousal one premiums are compared to the RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) single premiums in this document. The UU.LTC(1014)Rev single and spousal two premiums are compared to the corresponding RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) single and spousal two premiums.

Premium rates under the UU.LTC(1014)Rev policy form are on a sex distinct basis, whereas RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) premium rates are on a sex neutral basis. In order to compare the sex neutral rates to the sex distinct rates, the following Male-Female blend has been applied to the UU.LTC(1014)Rev rates for each discount type, consistent with the actual inforce gender mix for RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708):

Single/Spousal 1: 38% Male, 62% Female

Spousal 2: 50% Male, 50% Female

The UU.LTC(1014)Rev policy form provides reimbursement up to a monthly limit and a 12 week elimination period, whereas the RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) forms provide reimbursement up to a daily limit and a 91 day beginning date. Since the monthly amount provides greater value to the policyholder, we have reduced the UU.LTC(1014)Rev new business premiums by 5% for the comparisons to RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) in this document.

The RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) revised premium rates are lower than the UU.LTC(1014)Rev new business premium rates for all policy types and issue ages.

Northwestern Long Term Care Insurance Company

Lifetime Pay Long-Term Care Policy Annual Premium

\$155 Maximum Daily Limit for RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) Revised Sex Neutral Rates, 91 Day Beginning Date

\$4,715 Maximum Monthly Limit for UU.LTC(1014)Rev Sex Distinct New Business Rates - 38% Male, 62% Female Blend, 12 Week Elimination Period

No Discount/Single

3 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	541	847	-36%
30	541	930	-42%
35	541	1,035	-48%
40	541	1,156	-53%
52	897	1,543	-42%
57	1,144	1,875	-39%
62	1,550	2,392	-35%
67	2,296	3,367	-32%
72	3,763	4,993	-25%
77	5,458	7,348	-26%

3 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	2,624	10,196	-74%
30	2,624	9,379	-72%
35	2,624	8,726	-70%
40	2,624	8,082	-68%
52	3,086	6,752	-54%
57	3,390	6,675	-49%
62	3,935	6,831	-42%
67	5,007	7,984	-37%
72	7,043	9,942	-29%
77	9,057	12,297	-26%

3 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	570	868	-34%
30	570	955	-40%
35	570	1,064	-46%
40	570	1,188	-52%
52	955	1,593	-40%
57	1,221	1,934	-37%
62	1,663	2,483	-33%
67	2,469	3,507	-30%
72	4,064	5,251	-23%
77	5,913	7,874	-25%

6 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	721	1,151	-37%
30	721	1,287	-44%
35	721	1,464	-51%
40	721	1,654	-56%
52	1,215	2,298	-47%
57	1,555	2,846	-45%
62	2,113	3,713	-43%
67	3,131	5,246	-40%
72	5,137	7,820	-34%
77	8,161	11,752	-31%

6 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	3,751	15,362	-76%
30	3,751	14,096	-73%
35	3,751	13,116	-71%
40	3,751	12,092	-69%
52	4,377	10,037	-56%
57	4,791	9,938	-52%
62	5,538	10,187	-46%
67	7,018	11,950	-41%
72	9,936	14,879	-33%
77	13,886	18,811	-26%

6 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	787	1,212	-35%
30	787	1,358	-42%
35	787	1,546	-49%
40	787	1,753	-55%
52	1,341	2,443	-45%
57	1,727	3,047	-43%
62	2,354	3,999	-41%
67	3,505	5,711	-39%
72	5,772	8,635	-33%
77	9,209	13,530	-32%

Northwestern Long Term Care Insurance Company

Lifetime Pay Long-Term Care Policy Annual Premium

\$155 Maximum Daily Limit for RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) Revised Sex Neutral Rates, 91 Day Beginning Date

\$4,715 Maximum Monthly Limit for UU.LTC(1014)Rev Sex Distinct New Business Rates - 38% Male, 62% Female Blend, 12 Week Elimination Period

Spousal - One Insured Discount

3 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	541	804	-33%
30	541	883	-39%
35	541	983	-45%
40	541	1,098	-51%
52	897	1,466	-39%
57	1,144	1,781	-36%
62	1,550	2,272	-32%
67	2,296	3,198	-28%
72	3,763	4,744	-21%
77	5,458	6,981	-22%

3 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	2,624	9,686	-73%
30	2,624	8,910	-71%
35	2,624	8,290	-68%
40	2,624	7,677	-66%
52	3,086	6,414	-52%
57	3,390	6,341	-47%
62	3,935	6,489	-39%
67	5,007	7,585	-34%
72	7,043	9,445	-25%
77	9,057	11,682	-22%

3 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	570	825	-31%
30	570	907	-37%
35	570	1,011	-44%
40	570	1,129	-49%
52	955	1,513	-37%
57	1,221	1,838	-34%
62	1,663	2,359	-29%
67	2,469	3,332	-26%
72	4,064	4,989	-19%
77	5,913	7,480	-21%

6 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	721	1,094	-34%
30	721	1,223	-41%
35	721	1,390	-48%
40	721	1,572	-54%
52	1,215	2,183	-44%
57	1,555	2,704	-42%
62	2,113	3,528	-40%
67	3,131	4,984	-37%
72	5,137	7,429	-31%
77	8,161	11,164	-27%

6 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	3,751	14,594	-74%
30	3,751	13,392	-72%
35	3,751	12,460	-70%
40	3,751	11,488	-67%
52	4,377	9,536	-54%
57	4,791	9,441	-49%
62	5,538	9,677	-43%
67	7,018	11,353	-38%
72	9,936	14,135	-30%
77	13,886	17,871	-22%

6 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	787	1,152	-32%
30	787	1,290	-39%
35	787	1,469	-46%
40	787	1,665	-53%
52	1,341	2,321	-42%
57	1,727	2,894	-40%
62	2,354	3,799	-38%
67	3,505	5,426	-35%
72	5,772	8,203	-30%
77	9,209	12,853	-28%

Northwestern Long Term Care Insurance Company

Lifetime Pay Long-Term Care Policy Annual Premium

\$155 Maximum Daily Limit for RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) Revised Sex Neutral Rates, 91 Day Beginning Date

\$4,715 Maximum Monthly Limit for UU.LTC(1014)Rev Sex Distinct New Business Rates - 50% Male, 50% Female Blend, 12 Week Elimination Period

Spousal - Two Insured Discount

3 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	460	657	-30%
30	460	720	-36%
35	460	799	-42%
40	460	889	-48%
52	763	1,177	-35%
57	972	1,432	-32%
62	1,318	1,827	-28%
67	1,951	2,565	-24%
72	3,199	3,792	-16%
77	4,639	5,574	-17%

3 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	2,231	7,679	-71%
30	2,231	7,059	-68%
35	2,231	6,558	-66%
40	2,231	6,062	-63%
52	2,623	5,028	-48%
57	2,881	4,972	-42%
62	3,345	5,107	-34%
67	4,256	5,960	-29%
72	5,987	7,447	-20%
77	7,698	9,229	-17%

3 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	485	674	-28%
30	485	738	-34%
35	485	821	-41%
40	485	912	-47%
52	812	1,212	-33%
57	1,038	1,475	-30%
62	1,414	1,893	-25%
67	2,099	2,667	-21%
72	3,454	3,977	-13%
77	5,026	5,954	-16%

6 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	613	887	-31%
30	613	990	-38%
35	613	1,121	-45%
40	613	1,263	-51%
52	1,033	1,744	-41%
57	1,321	2,161	-39%
62	1,796	2,816	-36%
67	2,661	3,971	-33%
72	4,366	5,893	-26%
77	6,937	8,841	-22%

6 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	3,188	11,517	-72%
30	3,188	10,558	-70%
35	3,188	9,811	-68%
40	3,188	9,026	-65%
52	3,721	7,438	-50%
57	4,072	7,372	-45%
62	4,707	7,587	-38%
67	5,966	8,882	-33%
72	8,445	11,077	-24%
77	11,803	14,025	-16%

6 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC(1014)Rev	Difference
25	669	932	-28%
30	669	1,042	-36%
35	669	1,182	-43%
40	669	1,335	-50%
52	1,140	1,850	-38%
57	1,468	2,306	-36%
62	2,001	3,023	-34%
67	2,979	4,305	-31%
72	4,906	6,479	-24%
77	7,827	10,104	-23%

Explanation of Assumptions and Rate Increase

The company is requesting an average rate increase of 27% with the rate increase varying by benefit period for the post-rate stabilization policies on the RS.LTC.(1101) policy form and the RS.LTC.(0807) and RS.LTC.(0708) policy forms. The requested rate increase for 3 year benefit period is 10%, 6 year benefit period is 25% and lifetime benefit period is 30%. Rates are not being increased for issue age 75+ policies with 3 year benefit period to ensure that inforce rates do not exceed new issue business rates.

New proposed rate tables for these policy forms are included with this filing. The contingent non-forfeiture paid up benefit equal to the sum of premiums paid is being offered to all policyowners impacted by the rate increase whether or not their increase is above the substantial increase triggers.

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are mainly the result longer claim continuance with a greater effect on longer benefit periods, combined with lower lapse and mortality rates. Our rates are based in part on assumptions about policy persistency (how long policies stay inforce), which includes mortality (the rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual mortality and voluntary lapses have been lower than originally assumed meaning that more insureds are reaching typical long-term care claim ages, ultimately leading to more incurred claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded

Northwestern Long Term Care Insurance Company (NLTC) has been evaluating this block and updating assumptions based on our experience as well as the LTCi industry experience. For the forms specified above, the projected lifetime loss ratio based on the assumptions outlined in the actuarial memorandum is worse than original pricing. The combined effect of changing the underlying claim costs and updating the mortality rates and persistency assumptions resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, NLTC is requesting a rate increase in order to maintain the viability and financial stability of the policy form.

Even though we could justify a higher rate increase, at this time we have decided to request 27% taking into consideration the impact on our policyowners. If experience does not improve, we may need to request future rate increases on these policy forms.

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
RS.LTC.(1101) (post-rate stabilization) RS.LTC.(0807) RS.LTC.(0708)	QuietCare RS QuietCare RS QuietCare RS

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Northwestern Long-Term Care Insurance Company

Status of Filings as of 2/22/2017

All RS Series Policy Forms

2016 / 2017 Rate Action (filings still in progress)							
Jurisdiction	12/31/16 Annualized Earned Premium	12/31/16 Distribution of Earned Premium	12/31/16 Policy Count	Current Status ²	Percentage Increase Approved/Pending ⁴		
					3 year Benefit Period ³	6 year Benefit Period	Lifetime Benefit Period
Alabama	\$1,562,384	0.7%	971	Pending	10%	25%	30%
Alaska	\$206,588	0.1%	78	Approved	10%	25%	30%
Arizona	\$1,728,787	0.7%	738	Approved	10%	25%	30%
Arkansas	\$1,475,596	0.6%	695	Approved	10%	25%	30%
California	\$24,349,906	10.3%	8,360	Pending	10%	25%	30%
Colorado	\$4,625,990	1.9%	1,893	Pending	10%	25%	30%
Connecticut	\$5,863,010	2.5%	1,760	To be filed			
Delaware ¹	\$105,369	0.04%	38	Approved	10%	25%	25%
District of Columbia ¹	\$522,921	0.2%	159	Approved	10%	10% yrs 1-2 6.1% yr 3	10% for 3 yrs
Florida	\$12,114,821	5.1%	5,085	Pending	10-40%	35-55%	60-80%
Georgia ¹	\$6,463,838	2.7%	2,399	Approved	10%	20%	25%
Hawaii	\$975,595	0.4%	338	Pending	10%	25%	30%
Idaho	\$1,687,698	0.7%	685	Approved	10%	25%	30%
Illinois	\$18,293,035	7.6%	6,888	To be filed			
Indiana	\$4,073,879	1.7%	1,525	Pending	10%	25%	30%
Iowa ¹	\$6,114,059	2.5%	3,165	Approved	10%	17.9% yr 1 6.02% yr 2	17.9% yr 1 10.26% yr 2
Kansas	\$2,616,238	1.1%	1,137	To be filed			
Kentucky	\$4,185,390	1.8%	1,634	Approved	10%	25%	30%
Louisiana	\$3,300,417	1.4%	1,512	Pending	10%	25%	30%
Maine ¹	\$444,425	0.2%	155	Approved	10%	15% yr 1 8.7% yr 2	15% yr 1 13% yr 2
Maryland ¹	\$3,339,998	1.4%	1,137	Pending	10%	15%	15%
Massachusetts	\$5,635,983	2.4%	1,801	Pending	10%	25%	30%
Michigan	\$7,209,923	3.0%	3,019	Approved	10%	25%	30%
Minnesota ¹	\$8,333,444	3.5%	3,769	Approved	10%	15% yr 1 8.7% yr 2	15% yr 1 13% yr 2
Mississippi ¹	\$1,627,896	0.7%	681	Approved	10%	25%	25%
Missouri	\$5,708,138	2.4%	2,498	Pending	10%	25%	30%
Montana	\$616,947	0.3%	287	Pending	10%	25%	30%
Nebraska	\$2,323,641	1.0%	1,324	Approved	10%	25%	30%
Nevada	\$360,268	0.2%	175	Pending	10%	25%	30%
New Hampshire ¹	\$1,121,275	0.5%	360	Approved	10%	25% (attained age cap at 83+)	30% (attained age cap at 81+)
New Jersey	\$6,778,964	2.8%	2,206	Pending	10%	25%	30%
New Mexico	\$732,141	0.3%	376	To be filed			
New York	\$14,709,924	6.3%	4,681	To be filed			
North Carolina	\$7,683,507	3.3%	3,041	Pending	10%	25%	30%
North Dakota	\$664,464	0.3%	355	Approved	10%	15%	15%
Ohio	\$9,635,633	4.0%	3,816	Approved	10%	15%	15%
Oklahoma	\$1,577,734	0.7%	676	Approved	10%	10%	10%
Oregon	\$2,746,934	1.1%	1,058	Approved	10%	25%	30%
Pennsylvania	\$7,298,834	3.0%	2,887	Approved	10%	20%	20%
Rhode Island	\$666,876	0.3%	282	Pending	10%	25%	30%
South Carolina ¹	\$2,519,201	1.1%	1,047	Approved	10%	20%	20%
South Dakota	\$1,467,595	0.6%	922	Approved	10%	25%	30%
Tennessee	\$5,621,836	2.4%	2,531	Approved	10%	25%	30%
Texas	\$10,895,302	4.6%	4,552	To be filed			
Utah	\$1,309,611	0.6%	543	Approved	10%	25%	30%
Vermont	\$515,233	0.2%	154	Pending	10%	25%	30%
Virginia	\$5,431,524	2.3%	2,168	Pending	10%	25%	30%
Washington	\$4,583,210	1.9%	1,866	Approved	10%	25%	30%
West Virginia	\$2,377,442	1.0%	1,085	Approved	10%	25%	30%
Wisconsin ¹	\$13,893,285	5.7%	4,873	Approved	10%	25%	30%
Wyoming	\$237,716	0.1%	115	Approved	10%	25%	30%
Total	\$238,334,425	100.0%	93,500				

¹ Percentage increase variations due to state requirements. Phased in increases are stated as a percentage of the current premium for DC.

Phased in increases are stated as a percentage of the previous year's premium for IA, ME, and MN.

² All jurisdictions "to be filed" are anticipated to be filed before the end of February 2017 wherever allowed.

³ For the 3 year benefit period, the rate increase grades from 10% at issue ages in the early 70s to 0% for issue ages 75+.

⁴ The non-forfeiture benefit premiums are not changing at this time. For policies with the non-forfeiture benefit, the overall premium increase will be relatively less than that shown in the table above.

Statement of Variability

For Form 90-2578 LTC (Waiver) (0417)

Provision	Variability
[Month DD, YYYY]	Date letter is printed
[LIFE ADDRESS1] [LIFE ADDRESS2] [LIFE ADDRESS3] [LIFE ADDRESS4]	Name and address of policy owner/insured
[LifeFname LifeLname]	Name of policy owner/insured
LTC[Policy Number]	Policy number of contract
ISA[#####]	Insurance Service Account number
[MML/MDL]	Will display the MML or MDL if the when the benefit is Maximum Monthly Limit or Maximum Daily Limit. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx Without the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount without the current annual increase amounts. Varies by policy options chosen by the insured.
[\$xx,xxx]	Will display the dollar amount of the maximum benefit limit including current annual increase.
[With the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit
CURRENT [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
CURRENT [MODE] PREMIUM [\$00,000.00]	The current cost of the individual base insurance and additional benefit components of the contract. Varies by policy options chosen by the insured.
NEW [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
NEW [MODE] PREMIUM [\$00,000.00]	The cost of the individual base insurance and additional benefit components of the contract after the increase is applied. Varies by policy options chosen by the insured.
PREMIUM INCREASE AMOUNT [\$0,000.00]	The dollar amount of the premium increase. Varies by policy options chosen by the insured.
EFFECTIVE DATE [00/00/0000]	The date the premium increase is effective on the policy
[30 times the daily nursing home benefit/the maximum monthly]	Policies in the RR and RS series have daily benefit limits, policies in the TT series have monthly benefit limits.

Statement of Variability

For Form 90-2578 LTC (0417)

Provision	Variability
[Month DD, YYYY]	Date letter is printed
[LIFE ADDRESS1] [LIFE ADDRESS2] [LIFE ADDRESS3] [LIFE ADDRESS4]	Name and address of policy owner/insured
[LifeFname LifeLname]	Name of policy owner/insured
LTC[Policy Number]	Policy number of contract
ISA[#####]	Insurance Service Account number
[As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx Without the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount without the current annual increase amounts. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx With the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount with the current annual increase amounts. Varies by policy options chosen by the insured.
CURRENT [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
CURRENT [MODE] PREMIUM [\$00,000.00]	The current cost of the individual base insurance and additional benefit components of the contract. Varies by policy options chosen by the insured.
NEW [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
NEW [MODE] PREMIUM [\$00,000.00]	The cost of the individual base insurance and additional benefit components of the contract after the increase is applied. Varies by policy options chosen by the insured.
PREMIUM INCREASE AMOUNT [\$0,000.00]	The dollar amount of the premium increase. Varies by policy options chosen by the insured.

[00%]	The percentage of the premium increase that is being applied to the policy.
EFFECTIVE DATE [00/00/0000]	The date the premium increase is effective on the policy
[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[To date you have declined one AAPB increase.]	Will display if the policy has the Annual Automatic Purchase Benefit and the insured has elected to use one of two available refusal options. Varies by policy options chosen by the insured.
[After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[anniversary date]	The anniversary date of the policy.
[25 days prior to anniversary date]	A calculated field which is 25 days prior to the anniversary date
[888-888-8888]	A dedicated phone number is being established for any questions or concerns regarding the rate increase.
Next Steps – Decision required by [include anniversary date] <i>NO ACTION is needed if you decide to accept the premium increase.</i> If we do not hear from you about electing a policy change option by [anniversary date], we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [anniversary date] to revise the payment amount. <i>ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to</i>	If a policy is in a non-premium paying status because a policy is on Claim, this entire section will NOT be included. This section will always be included when the policy is in regular premium paying status.

<p><i>reduce benefits to offset the impact of the premium increase:</i></p> <ul style="list-style-type: none"> • Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by [anniversary date]. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before [25 days prior to anniversary date]. However if we receive your change request by [anniversary date] we will make the change and send you a revised premium notice. • Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at 888-888-8888. <p>Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Personalized Options Form.</p>	
<p>[Contingent Benefit Upon Lapse/Non-Forfeiture Option]</p>	<p>Contingent Benefit Upon Lapse (CBUL) will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.</p>
<p>[Reduce the amount that your Daily/Monthly Limit increases each year (inflation protection).]</p>	<p>This statement will only be included if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.</p>
<p>[Drop your current inflation protection.]</p>	<p>This statement will only be included if the policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.</p>

[30 times the daily nursing home benefit/the maximum monthly]	Policies in the RR and RS series have daily benefit limits, policies in the TT series have monthly benefit limits.
[This option is only available within 120 days of the premium increase effective date.]	This statement will only be included if a policy has not had the Non-forfeiture benefit from the policy effective date. (NFB is allowed to be activated at any time) Varies by policy options chosen by the insured.
[Drop your Non-forfeiture benefit]	This statement will only be included if the policy has the Non-forfeiture benefit. Varies by policy options chosen by the insured.
[Drop your Survivorship benefit]	This statement will only be included if the policy has the Survivorship benefit. Varies by policy options chosen by the insured.
[anniversary date]	The anniversary date of the policy.
<p>[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE</p> <p>Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]</p>	Partnership Disclosure Language will display for policies that are partnership qualified when a change to inflation protection is illustrated in the LTC Options Form
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Contingent Benefit Upon Lapse will be displayed if the policy has not had the NFB option for the life of their policy (since issue date). Non-forfeiture will be displayed in the policy has had the NFB option for the life of the policy. Varies by policy options chosen by the insured.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]	This statement will display for policies that have the Automatic Benefit Increase or the Automatic Additional Purchase Benefit on the policy. Varies by policy options chosen by the insured.
90-2578 LTC Options Form (0417) starts here	
[include date]	Policy Anniversary Date
[888-888-8888]	A dedicated phone number is being established for any questions or concerns regarding the rate increase.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[MDL/MML]	The MDL or MML of the policy. Varies by policy options chosen by the insured.

Current Benefit [\$00,000.00]	The current benefit on the policy. Varies by change type and policy options chosen by the insured.
New Benefit [\$00,000.00]	The new benefit on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Benefit [Already at State Minimum]	This statement will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured. RR and RS policies have a minimum daily benefit \$60. TT policies have a minimum monthly benefit \$1,500
New Premium [\$00,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Premium [N/A]	N/A will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [Lifetime / Unlimited Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [6 year Benefit Period.] [\$MML/\$MDL] x [72 months or 6*365 days]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Calculation used to determine the 6 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [3 year Benefit Period]	The benefit period on the policy.
New Benefit [Already at minimum available Benefit Period]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
New Premium [N/A]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
Policy Benefit Change [Inflation Protection]	Will only be included if a policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.
Description [Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their	This option will be shown if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.

amounts as of the effective date of the policy change.]	
Description [Decline AAPB]	This option will be shown if the policy has AAPB and no prior refusals. The policy change option will show the policy change to refuse the current anniversary increase. Increase offers would occur the following anniversary and subsequent years until a second refusal was processed. Varies by policy options chosen by the insured.
Description [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]	This option will be shown if the policy has AAPB and has had one prior refusal. The policy change option will show the policy change to refuse the current anniversary increase. No further increases would be offered. Varies by policy options chosen by the insured.
Current Benefit [Automatic Benefit Increase (ABI) [5][x]%]	Displays if the policy has the ABI inflation protection Option. Will also display the percentage of the Inflation protection. Varies by policy options chosen by the insured.
Current Benefit [Automatic Additional Purchase Benefit (AAPB)]	Displays if the policy has the AAPB inflation protection option. Varies by policy options chosen by the insured.
New Benefit [ABI 4%] [ABI 3%] [AAPB at your current benefit amount] [\$00,000.00]. [AAPB with no further increases] [\$00,000.00].	Will display based on the type of policy change applied. Varies by change type and policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [6 year Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [3 year Benefit Period.] [\$MML/\$MDL] x [36 months or 3*365 days] = Benefit Account Value (BAV) of \$00,000.00]	Calculation used to determine the 3 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	CBUL will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.
Description [within 120 days of due date]	This statement will display if CBUL applies to the policy.
Current Benefit Benefit Account Value of [\$00,000.00]	Will display the current BAV on the policy. Varies by policy options chosen by the insured.

New Benefit Reduced Benefit Account Value [\$00,000.00]	Will display the account value if the insured elects to activate NFB/CNFB as of the anniversary date of the policy. Varies by policy options chosen by the insured.
[anniversary date]	Policy Anniversary date
[anniversary date]	Policy Anniversary date
<p>[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE</p> <p>Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]</p>	Partnership Disclosure Language will display for policies that are partnership qualified when a change to inflation protection is illustrated in the LTC Options Form
[Policyowner Name]	Name of policyowner/insured
LTC[xxxxxxxx]	Policy number of contract



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Northwestern Long Term Care Insurance Co.
NAIC # 860-69000
FEIN # 36-2258318

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April 10, 2017

Janet Houser
Virginia Bureau of Insurance

Re: Rates for RS.LTC.(1101), RS.LTC.(0807), RS.LTC.(0708) *Post-Rate Stabilization*

Dear Ms. Houser:

This is in response to your objections sent March 21, 2017.

1. Please provide assurances that the assumptions used in the projections are no more conservative (i.e. do not produce a higher loss ratio) than used in the company's prior year's asset adequacy testing. Please also confirm if margins are added to the assumptions outlined in section 10 (Actuarial Assumptions – Updated) within the projections. If margins are included, please describe them.

Response: Not considering the necessary differences in the economic assumptions and other requirements unique to AAT exercises, the assumptions supporting this filing are consistent with the baseline assumptions used in the Company's most recent asset adequacy testing exercises and are not more conservative than the asset adequacy testing assumptions.

In addition, we can confirm that no margins were added to the assumptions outlined in the Actuarial Memorandums.

2. Please also provide brief commentary as to the relationship of the "repriced" morbidity, lapse and mortality assumptions vs. those submitted in the recent Virginia rate filing (SERFF #: NWST-130675505) for form UU.LTC(1014)REV.

Response: The morbidity, lapse and mortality assumptions underlying this rate increase filing are consistent with the assumptions underlying our most recent Virginia new issue rate filing (SERFF #: NWST-130675505) for form UU.LTC(1014)REV.

3. The actuarial memorandum includes several references to policies that are no longer paying premiums. Does this solely refer to the Paid-up Nonforfeiture Benefit or the Survivorship Benefit? Please confirm if a portion of the policies were issued on a limited pay basis. What payment periods were available? Please indicate what portion of the block is paid up as of the date of the analysis 12/31/15.

Response: Yes. Only the execution of the nonforfeiture and survivorship benefits can result in this form becoming paid-up. Limited Pay was not available with this form. As of 12/31/2015, 1% of the block was paid up due to executing the nonforfeiture benefit, and less than 1% was paid up due to activating the survivorship benefit.

4. Please confirm the treatment of the waiver of premium benefit within the loss ratio exhibit.

Response: Waived premiums are included in earned premium and incurred claims for historical experience, but are only included in incurred claims projections. Although this slightly overstates future and lifetime loss ratios, this did not impact our rate increase request, since we did not request the full amount we could actuarially justify.

5. It was indicated that the restated lifetime pricing loss ratio, after adjusting to the maximum valuation interest rate is 70%.

a. Did this include any anticipated dividends?

Response: No. Dividends were not included in the lifetime pricing loss ratio.

b. Does this reflect the same distribution of business as assumed in pricing?

Response: The pricing loss ratio reflects the distribution of policies assumed in pricing. Due to systems limitations, we are unable to recalculate the anticipated loss ratio using original pricing assumptions and the actual distribution of policies issued.

c. Did this include the margin for adverse deviation discussed above?

Response: No margins were added to the assumptions underlying this rate increase request.

6. Per 14VAC5-200-153 B 3.f, the actuarial memorandum should include "a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted".

a. Please identify the composite margin that was included in the initial pricing.

Response: The premium rates for the RS series [policy forms RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)] were determined prior to rate stability regulations coming into effect. Therefore, the premium rates for these policy forms did not include any explicit composite margin.

b. Please clearly identify how the demonstration supports this requirement, or include additional supporting exhibits if needed.

Response: As described in the Experience Exhibits document, our own morbidity experience is not credible and the experience we do have is in the early durations and younger attained age which does not indicate where our ultimate long-term morbidity experience might end up. For morbidity, it is not our own adverse morbidity experience that is causing us to file for a rate increase, it is the updated morbidity assumptions



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provided by our consultant, Milliman, that shows worse long-term morbidity that originally assumed. However, as described in the Experience Exhibits document our actual total cash claims experience to-date is in-line with the 2014 Milliman assumptions at 105% overall A/E and thus does not call into question our reliance on those guidelines as a reasonable long-term morbidity assumption and attributing all credibility to those assumptions. Actual to current and original expected experience demonstrations are included in section 2 of the Experience Exhibits document.

For terminations (deaths and lapses), section 3 of the Experience Exhibits document provides actual to original expected terminations exhibits which shows the significant deterioration in termination experience from original pricing. The RR/RS series actual to original expected ratio= 66% versus an actual to current expected ratio of 99%.

In addition, the loss ratios provided in Exhibit 1 of the initial filing show the lifetime loss ratio for each of the policy forms is above 100% (RS post-rate stability at 108.5%), clearly demonstrating that any margin that may have been included in the original pricing assumptions has now been exhausted.

7. The Distribution of Business by Plan indicates that 68% of the inforce policies have elected the “Automatic Additional Purchase Benefit” Indexing option. What portion of these policies have purchased additional coverage? What behavior is assumed in the projections (both with and without rate increase)?

Response: 95% of those who have the Automatic Additional Purchase Benefit (AAPB) have purchased at least some level of additional coverage since issue. The projections assume 90% of those with AAPB will purchase additional coverage each year while they are eligible. This assumption is in-line with actual experience to-date.

8. The actuarial memorandum indicates a contingent benefit upon lapse will be offered to all policyholders if a rate increase is approved, as well as other various benefit reduction options. Please provide the assumptions with respect to the election of these various option in the “with rate increase” projections of the Exhibits, if any.

Response: Since this is the first time that our company has ever increased LTC premiums we have no history to base our expectations on and therefore no benefit reduction impacts have been reflected in the projected experience. However, we have discussed this topic with consultants and have heard others in the industry discuss this topic at industry forums and conferences. Based on these discussions, we developed the very high level estimates listed below. Also, since the policyowner has the option to take a benefit reduction that may only offset a portion of the premium increase there is no clear distinction between “accept the full increase” and “choose a lower benefit”.

Accept the full increase	80-95%
Choose a lower benefit	5-15%
Choose a non-forfeiture benefit	<5%

The distribution of the policyowners who choose a lower benefit will depend highly on each policyowner's individual situation. Given our lack of experience with LTC premium increases we have no official expectations with respect to this distribution. In addition, since we are offering policyowners the ability to choose virtually any combination of benefit reduction options to offset a premium increase it would be very difficult to bucket these choices into separate reduction types.

Only about 15% of our inforce policyowners have a level premium inflation benefit and therefore there is a limit to the portion of our inforce that would even be able to elect a reduction in the inflation benefit. Also, about two-thirds of our inforce has a lifetime benefit period so we suspect that reducing the benefit period from lifetime to something less might be one of the more popular options.

9. The actuarial memorandum, section 2 a, indicates a comparison is provided to rates for new business in the file "Premium Rate Compare RS post rate after increase to UU2016(0916) VA". Virginia rate filing (SERFF #: NWST-130675505) for form UU.LTC(1014)REV was approved 11/4/16, and would appear to be the most recent new business rates available in Virginia, but reflects a different form number. Please explain which rates are used in this comparison, and indicate if comparison to the recent Virginia filing would change the results of the comparison.

Response: We mistakenly referenced the incorrect form number. The most recent new business rates available in Virginia is the UU.LTC(1014)REV that was approved on 11/4/2016. Some states required us to change the form number for our most recent new business filing. We have provided a revised Premium Rate Comparison to include the correct form number. However, this does not change the results of the comparison previously submitted.

10. The Company indicates that its experience is not credible for use in determining projection morbidity assumptions. A comparison of historical experience was provided for claim incidence, claim termination and claim utilization assumptions. As a result of these studies, the following conclusion was noted: "our overall morbidity experience to-date, although limited and not credible, does not call into question the validity of the 2014 Milliman Guidelines for this block of business." The study of actual to Milliman (expected) showed the following ratios:

- a. Incidence – overall A/E of 90%, but the slope of the table did not appear to be a good fit, with A/E increasing by policy duration for the issue ages with most claims exposure from the low 50%'s to near 120%. The issue age block with most policies has A/E of 70%;
- b. Resolutions – overall A/E of 77%, reflecting 965 actual resolutions, fairly consistent across all claim months;
- c. Utilization – overall A/E of 85%

These ratios deviate sufficiently from the mean to lead to an expectation of additional adjustments to the indicated Milliman morbidity assumptions, even if only to reflect partial credibility. Please provide any additional studies or sensitivity tests that supported the final morbidity assumptions as a best estimate that reflected reasonable fit with historical experience.

Response: Our morbidity experience in total is not credible, and when broken down by individual components (i.e., incidence, resolutions, and utilization) and further broken down by subsets such as issue age, duration, etc., the experience is far less credible and therefore should not be relied on to derive any morbidity assumptions. Considering that



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there are typically only a few dozen claims after the experience is broken down into finer subsets of characteristics, it is not surprising that there is a lot volatility in the experience studies to-date and actual experience is not necessarily a good “fit” to the component morbidity assumptions.

A discussion of credibility was included in section 1 of the Experience Exhibits document and partial credibility statistics for incidence were provided in section 2. As demonstrated, we have very limited credibility at the younger issue ages and earlier durations and virtually none at the older attained ages (80+) where we expect the bulk of our LTC claims to occur. For LTC, credibility on incidence emerges first and the credibility of claim resolution and utilization comes later. Because we do not consider our own incidence experience credible we consider our resolution and utilization experience even less credible.

Our goal was not to “fit” our morbidity assumptions to our non-credible experience, but to validate at a high level that our overall morbidity assumption is reasonably in-line with our emerging experience, which it is at a 105% overall A/T for total cash claims. Over, time as our own experience emerges we intend to reflect that experience in our assumptions, to the extent credible, but we are just not there yet.

11. Please provide a breakdown of the historical incurred claims by calendar year to reflect the portion already paid vs. the portion still estimated (PVANYD reserve). Please indicate the margin, if any, included in the estimated amounts.

Response:

RS.LTC.(1101) & RS.LTC.(0807) & RS.LTC.(0708)				
Post-Rate Stabilization				
<u>Calendar Year</u>	<u>Incurred Claims</u>	<u>Paid Claims</u>	<u>Change in Reserve</u>	<u>Reserve at Year-End</u>
2004	137,228	2,100	135,128	135,128
2005	851,214	36,964	814,249	949,377
2006	2,420,814	304,878	2,115,936	3,065,314
2007	3,185,322	500,510	2,684,812	5,750,125
2008	5,239,193	847,128	4,392,065	10,142,191
2009	12,106,901	2,246,054	9,860,846	20,003,037
2010	14,453,805	3,930,150	10,523,656	30,526,693
2011	13,628,836	5,896,814	7,732,022	38,258,714
2012	26,251,861	7,647,667	18,604,194	56,862,908
2013	23,189,194	9,825,839	13,363,355	70,226,263
2014	20,509,027	12,280,686	8,228,341	78,454,604
2015	37,038,888	15,896,235	21,142,654	99,597,258
Total	159,012,283	59,415,025	99,597,258	

Implicit margins are included in the claim reserve calculations to the extent that 100% utilization is assumed. In addition, factors for pending, incurred but not reported and terminated but not reported claims are set to cover roughly 85% of study observations. In aggregate, margins on reserves are in the mid-single digits.

12. Unusual fluctuations were noted in the incurred claims for 2009, 2011 through 2015. Please indicate if this is the result of claim reserve strengthening, claim incidence fluctuations, or other cause. If claim reserves were strengthened, please address how this may have impacted the analysis of the fit of the morbidity data and projection assumptions.

Response: Fluctuations in the incurred claims in 2009 and 2011-2015 were caused mainly by claim incidence fluctuations. In addition, we did strengthen existing claim reserves in 2012, by a total of \$10.5 million across all policy forms. The reserve held for claims on just the RS post-rate stabilization form accounted for about 36% of the total reserve held for claims on all forms. Our analysis of the fit of the morbidity data was based on the underlying rates rather than reserve amounts, so reserve strengthening did not impact that analysis. Projection assumptions were based on the most up to date industry morbidity data, and comparisons to our limited experience to date simply validated that those assumptions were not unreasonable.

13. Please provide additional description of the projected mortality rates. How do the ultimate rates and improvement scale compare to a published industry table?

Response: Our current base mortality assumption is derived from our underlying company specific life insurance mortality tables based primarily on a study of LTC policyowners that also purchased life insurance. Mortality improvement is also assumed. A further discussion regarding our current mortality assumption can be found in section 3 of the Experience Exhibit document included with initial filing. A sample of ultimate mortality rates for specific attained ages has been included below and compared to the 1994 Group Annuitant Mortality (GAM) table. This comparison does not reflect selection or mortality improvement.

Attained Age	NLTC		1994 GAM		Ratio of NLTC to 1994 GAM	
	Male	Female	Male	Female	Male	Female
40	0.12%	0.07%	0.11%	0.07%	116%	102%
50	0.25%	0.22%	0.26%	0.14%	98%	156%
60	0.48%	0.43%	0.80%	0.44%	60%	97%
70	1.49%	1.12%	2.37%	1.37%	63%	82%
80	4.65%	3.55%	6.20%	3.94%	75%	90%
90	14.46%	10.78%	15.29%	11.63%	95%	93%
100	28.42%	23.26%	31.72%	27.64%	90%	84%



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Our mortality improvement assumption was based on 2012 Individual Annuity Mortality (IAM) projection scale G assumptions and lowered for future expectations. Mortality improvement grades off from attained age 80 to 0% by attained age 105. A sample of improvement factors for specific attained ages has been included below and compared to the 2012 IAM projection scale G assumptions.

Attained Age	NLTC		2012 IAM Proj G		Difference	
	Male	Female	Male	Female	Male	Female
40	0.31%	0.31%	1.00%	1.00%	-0.69%	-0.69%
50	0.31%	0.31%	1.00%	1.00%	-0.69%	-0.69%
60	0.81%	0.61%	1.50%	1.30%	-0.69%	-0.69%
70	0.81%	0.61%	1.50%	1.30%	-0.69%	-0.69%
80	0.81%	0.61%	1.50%	1.30%	-0.69%	-0.69%
90	0.48%	0.36%	0.70%	0.60%	-0.22%	-0.24%
100	0.16%	0.12%	0.20%	0.20%	-0.04%	-0.08%

14. Per 14VAC5-200-153 B, the insurer may request a rate schedule increase less than what is required if the actuarial memorandum discloses the premium rate schedule increase that would be necessary to make the certification in subdivision 2a of the subsection. The actuarial memorandum includes such as disclosure and identifies the rate increase that would be required as 68%. Please indicate the criteria used to determine the 68% increase, including the margins assumed in this calculation.

Response: In determining the full increase needed to certify to rate stability, our goal was not to determine the maximum possible premium increase to meet a specific loss ratio target, but rather to determine the rate increase necessary to meet the company’s current target rate of return. The process was similar to a that of a new issue pricing exercise. Changes in all relevant pricing assumptions were considered, including morbidity, mortality, lapses, expenses, investment returns and other items like changes in capital requirements. Morbidity margin of 7% was added to enhance rate stability.

The full increase needed based on the above criteria led to an overall average rate increase of 68%. The rate increase was further varied by issue age, with younger issue ages receiving relatively larger increases and older ages receiving relatively lower increases, in addition to varying by benefit period (as our requested rate increase is).

15. Rate increases were requested on a basis that varies by policy benefit period. Please provide analysis that specifically supports the determination of the rate increases by benefit period.

Response: We believe that varying the request by benefit period is justified based on the relative change in the originally assumed morbidity to the updated morbidity assumptions provided by our consultant, Milliman. Revised Actuarial Memorandums have been

submitted which include a new Appendix III, which show the ratio of the current claims costs (from Appendix I) to the original claim costs (Appendix II). This demonstrates that the relative increase in claim costs, at the attained ages where the bulk of claims are expected to occur, is consistently higher for policies with the lifetime benefit than policies with the 6 year benefit, and higher for the 6 year benefit than the 3 year benefit.

In addition, as described in the Experience Exhibits document, our own morbidity experience is not credible and heavily weighted towards younger attained ages and early policy durations, and thus not appropriate to be relied upon in setting morbidity assumptions. Therefore, the Milliman assumptions described above and in the Actuarial Memorandums are appropriate to be relied upon for morbidity assumptions.

Based on the above, your review and approval is greatly appreciated. If you have any questions, you may contact me at 414-665-1859 or email me at annettehutt1@northwesternmutual.com. For all email correspondence, please copy Laura Olski at lauraolski@northwesternmutual.com.

Thank you,



Annette Hutt1
Product Compliance Consultant
Actuarial Department

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LONG-TERM CARE INSURANCE GROSS PREMIUMS
RS SERIES - NOVEMBER, 2001

Annual Premiums per \$10 of Long-Term Care Daily Benefit

I. Premium Calculation

RS-R-.011

II. Basic Benefit and Indexing Options Benefits

Forms RS.LTC.(1101), RR.LTC.ABI.(0798), RS.LTC.APB.(1101)

<u>Nursing Home Benefit</u>	<u>Home Care & Adult Day Care Benefit</u>	<u>Beginning Date</u>	<u>Benefit Period</u>	<u>Page</u>
\$10	\$10	46	All	RS-R-1
\$10	\$5	46	All	RS-R-3
\$10	\$10	91	All	RS-R-5
\$10	\$5	91	All	RS-R-7
\$10	\$10	181	All	RS-R-9
\$10	\$5	181	All	RS-R-11

III. Paid-Up Nonforfeiture Benefit

Form RR.LTC.NFB.(0798)

<u>Nursing Home Benefit</u>	<u>Home Care & Adult Day Care Benefit</u>	<u>Beginning Date</u>	<u>Benefit Period</u>	<u>Page</u>
\$10	\$10	46	All	RS-R-13
\$10	\$5	46	All	RS-R-15
\$10	\$10	91	All	RS-R-17
\$10	\$5	91	All	RS-R-19
\$10	\$10	181	All	RS-R-21
\$10	\$5	181	All	RS-R-23

IV. Survivorship Benefit

Form RS.LTC.SB.(1101)

<u>Premium Percentages</u>	<u>Page</u>
All	RS-R-25

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Premium Calculation

- A = The base premium rate per \$10 of daily benefit based on the age, plan, benefit period, and beginning date.**
- B = The add-on premium rate per \$10 of daily benefit for the automatic benefit increase option.**
If the policy has an automatic benefit increase option with an increase other than 5%, multiply the premium rate by (the % chosen / 5). Do not round.
- C = The add-on premium rate per \$10 of daily benefit for the automatic additional purchase benefit option.**
- D = The shortened benefit period premium rate for the base per \$10 of daily benefit based on the age, plan, benefit period, and beginning date.**
- E = The add-on shortened benefit period premium rate per \$10 of daily benefit for the automatic benefit increase option.**
If the policy has an automatic benefit increase option with an increase other than 5%, multiply the premium rate by (the % chosen / 5). Do not round.
- F = The add-on shortened benefit period premium rate per \$10 of daily benefit for the automatic additional purchase benefit option.**
- G = The number of \$10 units (daily benefit/10).**
- H = The multi-life discount factor (0.95 if applicable, 1.0 otherwise).**
- I = The premium modal factor (1.0 for annual, 0.512 for semi-annual, 0.259 for quarterly, 0.087 for monthly).**
- J = The spousal discount factor (0.85 if applicable, 1.0 otherwise).**
- K = The Survivorship Benefit premium percentage that is based on the age, and the additional benefits that are present on the policy.**

For each component (A through F)*, calculate the modal premium:

- Multiply the premium rate by the multi-life discount factor (H).
- Round the result to the nearest penny.
- Multiply the result by the number of \$10 units (G).
- Multiply the result by the premium modal factor (I).
- Multiply the result by the spousal discount factor (J).
- Round the result for the component to the nearest penny.
- Repeat these steps for all the applicable components A-F.
- For example, round (AxH) to the nearest penny. Then multiply this number times (GxIxJ). This is the final number to be summed for each component.

The total modal premium without the Survivorship Benefit is the sum of each of the individual components.

When the policy has the Survivorship Benefit, the following additional steps are performed to calculate the modal Survivorship Benefit Premium:

- Calculate the total modal premium for the policy using the procedure outlined above. However, do not include any premium for the Paid-Up Nonforfeiture Benefit.
- Multiply the result by the Survivorship Benefit premium percentage (K).
- Round this result to the nearest penny.

The total modal premium for the policy including the Survivorship Benefit is the sum of the total modal premium without the Survivorship Benefit and the modal Survivorship Benefit premium.

* Not all components will be applicable to all contracts.

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Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	36.50	42.80	51.10	140.50	179.80	231.30	1.90	3.90	7.90
41	38.00	44.70	53.40	141.40	180.80	232.50	2.10	4.10	8.30
42	39.70	46.70	55.80	142.10	181.70	233.60	2.20	4.30	8.70
43	41.40	48.70	58.30	142.90	182.70	234.60	2.30	4.70	9.10
44	43.20	50.90	60.90	143.60	183.50	235.60	2.40	4.90	9.60
45	45.00	53.20	63.70	144.30	184.20	236.40	2.60	5.10	10.00
46	47.00	55.50	66.60	144.90	185.00	237.20	2.70	5.50	10.50
47	49.00	58.00	69.60	145.50	185.60	237.90	2.90	5.70	11.00
48	51.10	60.60	72.70	146.10	186.10	238.50	3.10	6.00	11.60
49	53.30	63.30	76.00	146.60	186.60	239.00	3.30	6.40	12.20
50	55.60	66.10	79.50	147.00	187.10	239.40	3.50	6.70	12.70
51	58.00	69.00	83.10	147.30	187.40	239.70	3.70	7.10	13.30
52	60.50	72.10	86.80	147.60	187.60	240.20	3.90	7.50	14.00
53	63.10	75.30	90.80	147.90	187.80	240.60	4.10	7.90	14.60
54	65.90	78.60	94.90	148.00	187.90	241.00	4.30	8.40	15.30
55	68.70	82.10	99.10	148.10	188.00	241.40	4.60	8.90	16.10
56	72.80	87.00	105.10	149.80	190.00	242.20	4.90	9.50	17.10
57	77.10	92.30	111.50	151.50	192.00	244.50	5.30	10.10	18.00
58	81.70	97.80	118.20	153.10	193.90	246.80	5.70	10.90	19.10
59	86.60	103.70	125.30	154.50	195.60	248.80	6.00	11.60	20.30
60	91.80	109.90	132.90	155.80	197.20	250.60	6.40	12.40	21.50
61	98.00	117.40	142.00	158.40	200.30	254.30	6.90	13.30	22.90
62	104.60	125.40	151.60	160.80	203.20	257.90	7.50	14.30	24.50
63	111.60	133.90	162.00	163.20	206.00	261.20	8.10	15.40	26.10
64	119.10	143.00	173.00	165.30	208.60	264.30	8.80	16.60	27.90
65	127.20	152.70	184.80	167.30	211.00	267.10	9.40	17.90	29.80
66	140.30	168.50	203.90	175.00	220.70	279.30	10.50	19.90	32.90
67	154.70	185.90	225.00	182.90	230.70	291.70	11.80	22.10	36.30
68	170.70	205.00	248.30	190.80	240.80	304.20	13.00	24.70	40.10
69	188.30	226.20	274.00	198.70	250.90	316.80	14.50	27.40	44.30
70	207.60	249.60	302.40	206.80	261.00	329.40	16.30	30.40	48.80
71	229.60	275.80	334.30	216.00	273.00	344.30	18.10	33.90	54.00
72	253.80	304.80	369.50	225.30	284.90	359.40	20.30	37.80	59.80
73	280.70	336.90	408.50	234.50	296.90	374.40	22.50	42.00	66.10
74	310.30	372.40	451.50	243.60	308.70	389.50	25.20	46.70	73.10
75	343.10	411.50	499.20	252.50	320.40	404.10	28.10	52.00	80.80
76	372.80	446.50	541.80	259.80	330.20	416.90	30.80	56.90	87.90
77	405.00	484.40	588.00	267.00	339.80	429.50	33.80	62.20	95.70
78	439.90	525.50	638.20	273.90	349.10	441.60	37.10	68.00	104.20
79	477.90	570.10	692.70	280.20	357.90	453.30	40.80	74.40	113.40

80	519.20*	618.50*	751.80*	44.70*	81.30*	123.40*
81	557.30*	662.20*	805.00*	48.30*	87.70*	132.60*
82	598.10*	709.00*	862.00*	52.40*	94.60*	142.40*
83	641.90*	759.10*	923.10*	56.80*	101.90*	152.90*
84	689.00*	812.80*	988.40*	61.40*	109.80*	164.30*
85	739.40*	870.20*	1,058.40*	66.50*	118.50*	176.50*
86	776.60*	911.40*	1,108.80*	70.10*	124.30*	184.90*
87	815.60*	954.60*	1,161.70*	73.90*	130.40*	193.60*
88	856.60*	999.80*	1,217.00*	77.90*	136.80*	202.80*
89	899.60*	1,047.20*	1,275.00*	82.10*	143.50*	212.40*
90	944.80*	1,096.80*	1,335.70*	86.50*	150.60*	222.60*
91	978.30*	1,134.40*	1,383.70*	89.80*	156.00*	231.20*
92	1,013.10*	1,173.30*	1,433.40*	93.00*	161.60*	240.10*
93	1,049.00*	1,213.60*	1,484.90*	96.50*	167.30*	249.40*
94	1,086.20*	1,255.20*	1,538.20*	100.20*	173.20*	259.00*
95	1,124.80*	1,298.20*	1,593.40*	103.80*	179.50*	269.10*
96	1,160.80*	1,341.90*	1,652.80*	107.20*	186.30*	280.70*
97	1,197.90*	1,387.00*	1,714.30*	110.80*	193.40*	293.00*
98	1,236.20*	1,433.60*	1,778.20*	114.50*	200.90*	305.60*
99	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
100	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
101	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
102	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
103	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
104	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
105	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
106	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
107	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
108	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
109	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
110	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	29.50	33.30	38.60	110.60	139.10	176.00	1.80	3.30	5.40
41	30.70	34.80	40.30	111.30	139.90	177.10	1.90	3.40	5.70
42	32.00	36.30	42.10	112.00	140.80	178.20	2.00	3.60	6.00
43	33.30	37.80	44.00	112.70	141.60	179.20	2.10	3.80	6.30
44	34.70	39.50	45.90	113.40	142.30	180.20	2.20	4.00	6.70
45	36.10	41.20	48.00	114.00	143.10	181.00	2.40	4.20	7.00
46	37.60	42.90	50.10	114.60	143.90	181.90	2.50	4.50	7.40
47	39.10	44.80	52.40	115.20	144.50	182.70	2.70	4.70	7.80
48	40.70	46.70	54.70	115.80	145.10	183.40	2.90	5.00	8.20
49	42.40	48.70	57.20	116.30	145.70	184.10	3.00	5.30	8.60
50	44.20	50.80	59.70	116.70	146.20	184.70	3.10	5.50	9.10
51	46.00	53.00	62.40	117.10	146.70	185.20	3.30	5.80	9.60
52	47.90	55.20	65.20	117.50	147.10	185.60	3.50	6.20	10.10
53	49.90	57.60	68.10	117.80	147.50	186.00	3.70	6.50	10.60
54	51.90	60.10	71.10	118.20	147.70	186.30	4.00	6.90	11.20
55	54.10	62.70	74.30	118.30	147.90	186.50	4.10	7.20	11.70
56	57.30	66.40	78.80	120.00	150.10	189.10	4.40	7.80	12.60
57	60.60	70.50	83.70	121.70	152.00	191.60	4.80	8.20	13.30
58	64.20	74.70	88.80	123.20	153.90	194.00	5.00	8.80	14.20
59	67.90	79.20	94.20	124.80	155.80	196.30	5.40	9.30	15.10
60	71.90	84.00	100.00	126.20	157.50	198.50	5.80	9.90	16.10
61	76.80	89.80	107.00	128.70	160.60	202.20	6.20	10.70	17.20
62	82.00	96.00	114.50	131.10	163.60	205.90	6.70	11.50	18.40
63	87.50	102.60	122.50	133.40	166.50	209.40	7.20	12.40	19.70
64	93.50	109.70	131.00	135.60	169.30	212.90	7.70	13.30	21.10
65	99.80	117.20	140.20	137.80	172.00	216.10	8.30	14.40	22.60
66	110.20	129.60	155.00	144.70	180.60	227.00	9.30	16.00	25.10
67	121.70	143.20	171.50	151.70	189.50	238.00	10.30	17.90	27.70
68	134.30	158.30	189.70	159.00	198.50	249.30	11.60	19.90	30.70
69	148.30	174.90	209.80	166.30	207.80	260.90	12.90	22.20	34.00
70	163.80	193.40	232.00	173.70	217.00	272.60	14.30	24.60	37.70
71	181.40	214.20	257.20	182.00	227.60	285.90	16.00	27.50	41.80
72	200.90	237.30	285.10	190.40	238.20	299.50	17.80	30.60	46.40
73	222.50	262.80	316.00	198.80	249.00	313.20	19.90	34.20	51.50
74	246.50	291.20	350.30	207.20	259.70	326.90	22.10	38.00	57.20
75	273.00	322.50	388.30	215.50	270.50	340.60	24.70	42.40	63.50
76	297.00	350.70	422.50	222.00	278.90	351.50	27.10	46.40	69.20
77	323.20	381.30	459.60	228.20	287.10	362.40	29.60	50.80	75.50
78	351.60	414.60	500.10	234.30	295.00	372.80	32.50	55.60	82.30
79	382.60	450.80	544.10	239.80	302.50	382.90	35.50	60.80	89.70

80	416.30*	490.10*	591.90*	38.90*	66.60*	97.90*
81	447.40*	525.90*	635.30*	42.10*	72.00*	105.40*
82	480.80*	564.30*	681.90*	45.50*	77.70*	113.40*
83	516.70*	605.50*	731.90*	49.30*	83.90*	122.10*
84	555.40*	649.80*	785.50*	53.20*	90.50*	131.50*
85	596.90*	697.20*	843.10*	57.60*	97.80*	141.50*
86	628.00*	732.30*	886.10*	60.70*	102.80*	148.70*
87	660.80*	769.20*	931.30*	63.90*	108.10*	156.30*
88	695.30*	807.90*	978.80*	67.30*	113.70*	164.20*
89	731.60*	848.60*	1,028.70*	70.80*	119.60*	172.60*
90	769.80*	891.40*	1,081.20*	74.60*	125.70*	181.40*
91	799.00*	924.30*	1,123.10*	77.30*	130.50*	188.90*
92	829.30*	958.50*	1,166.70*	80.10*	135.30*	196.70*
93	860.80*	994.00*	1,212.00*	83.00*	140.30*	204.80*
94	893.40*	1,030.70*	1,259.00*	86.10*	145.60*	213.30*
95	927.30*	1,068.90*	1,307.90*	89.20*	151.00*	222.10*
96	958.60*	1,106.50*	1,358.40*	92.30*	156.80*	232.00*
97	991.00*	1,145.50*	1,410.90*	95.50*	162.80*	242.30*
98	1,024.50*	1,185.90*	1,465.40*	98.70*	169.00*	253.10*
99	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
100	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
101	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
102	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
103	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
104	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
105	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
106	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
107	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
108	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
109	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
110	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*

* Rates applicable only for increases after issue

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	31.70	37.20	44.40	122.20	156.40	201.20	1.70	3.40	6.90
41	33.10	38.90	46.40	122.90	157.20	202.20	1.80	3.50	7.20
42	34.50	40.60	48.50	123.60	158.00	203.10	1.90	3.80	7.60
43	36.00	42.40	50.70	124.30	158.80	204.00	2.00	4.00	8.00
44	37.50	44.30	53.00	124.90	159.50	204.80	2.20	4.20	8.30
45	39.20	46.20	55.40	125.50	160.20	205.60	2.20	4.50	8.70
46	40.90	48.30	57.90	126.00	160.80	206.20	2.40	4.70	9.20
47	42.60	50.40	60.50	126.60	161.40	206.90	2.60	5.00	9.60
48	44.50	52.70	63.30	127.00	161.90	207.30	2.60	5.20	10.00
49	46.40	55.00	66.10	127.40	162.30	207.80	2.80	5.60	10.60
50	48.40	57.50	69.10	127.80	162.60	208.20	3.00	5.80	11.10
51	50.50	60.00	72.20	128.10	163.00	208.50	3.10	6.20	11.60
52	52.60	62.70	75.50	128.40	163.20	208.90	3.40	6.50	12.20
53	54.90	65.50	78.90	128.50	163.30	209.30	3.60	6.90	12.80
54	57.30	68.40	82.50	128.60	163.30	209.70	3.70	7.30	13.30
55	59.80	71.40	86.20	128.70	163.30	210.10	3.90	7.70	14.00
56	63.30	75.70	91.40	130.30	165.20	210.60	4.30	8.20	14.80
57	67.10	80.20	96.90	131.70	167.00	212.70	4.50	8.90	15.70
58	71.10	85.10	102.80	133.10	168.50	214.60	4.90	9.40	16.60
59	75.30	90.20	109.00	134.40	170.10	216.30	5.30	10.00	17.60
60	79.80	95.60	115.60	135.50	171.50	217.90	5.60	10.80	18.60
61	85.20	102.10	123.50	137.70	174.20	221.10	6.00	11.60	19.90
62	90.90	109.00	131.90	139.90	176.80	224.20	6.60	12.50	21.20
63	97.10	116.40	140.80	141.80	179.20	227.20	7.00	13.50	22.80
64	103.60	124.30	150.40	143.70	181.50	229.90	7.60	14.50	24.30
65	110.60	132.80	160.70	145.50	183.50	232.20	8.20	15.50	25.90
66	122.00	146.50	177.30	152.20	192.00	242.90	9.10	17.30	28.60
67	134.60	161.60	195.70	159.00	200.60	253.60	10.20	19.30	31.50
68	148.40	178.30	215.90	165.90	209.40	264.50	11.40	21.40	34.90
69	163.70	196.70	238.30	172.90	218.20	275.40	12.70	23.80	38.50
70	180.60	217.00	262.90	179.80	227.00	286.50	14.10	26.50	42.50
71	199.60	239.90	290.70	187.90	237.30	299.40	15.80	29.40	47.00
72	220.70	265.10	321.30	195.90	247.70	312.50	17.60	32.80	52.00
73	244.10	293.00	355.20	203.90	258.10	325.60	19.60	36.50	57.50
74	269.90	323.80	392.70	211.80	268.50	338.60	21.80	40.60	63.50
75	298.40	357.90	434.10	219.50	278.60	351.40	24.40	45.20	70.20
76	324.10	388.20	471.10	226.00	287.20	362.50	26.80	49.50	76.50
77	352.10	421.20	511.30	232.20	295.50	373.40	29.40	54.10	83.30
78	382.60	457.00	555.00	238.10	303.50	384.00	32.20	59.10	90.60
79	415.60	495.80	602.30	243.60	311.20	394.20	35.40	64.60	98.60

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	451.50*	537.80*	653.70*				38.80*	70.80*	107.30*
81	484.60*	575.80*	700.00*				42.10*	76.30*	115.30*
82	520.10*	616.50*	749.60*				45.50*	82.30*	123.80*
83	558.20*	660.10*	802.70*				49.30*	88.60*	133.00*
84	599.10*	706.70*	859.50*				53.40*	95.60*	142.90*
85	643.00*	756.70*	920.40*				57.80*	103.00*	153.40*
86	675.30*	792.50*	964.20*				61.00*	108.10*	160.70*
87	709.20*	830.10*	1,010.10*				64.30*	113.40*	168.40*
88	744.80*	869.40*	1,058.30*				67.80*	119.00*	176.30*
89	782.30*	910.60*	1,108.70*				71.40*	124.80*	184.70*
90	821.60*	953.70*	1,161.50*				75.20*	131.00*	193.50*
91	850.70*	986.40*	1,203.20*				78.10*	135.70*	201.00*
92	880.90*	1,020.30*	1,246.40*				81.00*	140.50*	208.80*
93	912.20*	1,055.30*	1,291.20*				83.90*	145.40*	216.90*
94	944.60*	1,091.50*	1,337.60*				87.00*	150.60*	225.20*
95	978.10*	1,128.90*	1,385.60*				90.30*	156.00*	234.00*
96	1,009.40*	1,166.90*	1,437.20*				93.30*	162.00*	244.10*
97	1,041.70*	1,206.10*	1,490.70*				96.30*	168.20*	254.80*
98	1,075.00*	1,246.70*	1,546.20*				99.50*	174.60*	265.80*
99	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
100	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
101	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
102	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
103	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
104	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
105	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
106	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
107	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
108	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
109	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
110	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	25.60	29.00	33.50	96.20	120.90	153.10	1.60	2.80	4.80
41	26.70	30.20	35.00	96.80	121.70	154.10	1.60	3.00	5.00
42	27.80	31.50	36.60	97.40	122.50	154.90	1.70	3.20	5.30
43	28.90	32.90	38.20	98.10	123.10	155.90	1.90	3.30	5.60
44	30.10	34.30	40.00	98.70	123.80	156.60	2.00	3.50	5.80
45	31.40	35.80	41.70	99.20	124.50	157.50	2.10	3.70	6.20
46	32.70	37.30	43.60	99.70	125.10	158.20	2.20	3.90	6.40
47	34.00	38.90	45.50	100.20	125.70	158.90	2.30	4.10	6.80
48	35.40	40.60	47.60	100.70	126.20	159.50	2.50	4.30	7.10
49	36.90	42.30	49.70	101.10	126.70	160.10	2.60	4.60	7.50
50	38.40	44.20	51.90	101.50	127.10	160.60	2.80	4.80	7.90
51	40.00	46.10	54.20	101.90	127.50	161.10	2.90	5.10	8.40
52	41.70	48.00	56.70	102.10	128.00	161.40	3.00	5.40	8.70
53	43.40	50.10	59.20	102.50	128.20	161.80	3.20	5.70	9.20
54	45.20	52.30	61.80	102.70	128.40	162.10	3.40	5.90	9.80
55	47.00	54.50	64.60	103.00	128.60	162.20	3.70	6.30	10.20
56	49.80	57.80	68.60	104.40	130.40	164.40	3.90	6.70	10.80
57	52.70	61.30	72.80	105.80	132.20	166.60	4.10	7.10	11.50
58	55.80	65.00	77.20	107.20	133.80	168.70	4.40	7.60	12.30
59	59.10	68.90	82.00	108.50	135.40	170.60	4.70	8.10	13.10
60	62.50	73.00	87.00	109.80	137.00	172.50	5.00	8.70	13.90
61	66.80	78.10	93.00	111.90	139.60	175.90	5.40	9.30	15.00
62	71.30	83.40	99.50	114.00	142.30	179.10	5.80	10.10	16.00
63	76.10	89.20	106.50	116.00	144.80	182.10	6.30	10.80	17.10
64	81.30	95.40	113.90	117.90	147.20	185.10	6.70	11.60	18.40
65	86.80	101.90	121.90	119.80	149.60	187.90	7.20	12.60	19.60
66	95.80	112.70	134.80	125.80	157.00	197.40	8.10	13.90	21.80
67	105.80	124.50	149.10	131.90	164.80	207.00	9.00	15.60	24.10
68	116.80	137.60	164.90	138.20	172.70	216.90	10.10	17.30	26.70
69	129.00	152.10	182.40	144.60	180.70	226.90	11.20	19.30	29.60
70	142.40	168.10	201.80	151.10	188.80	237.00	12.50	21.50	32.70
71	157.70	186.30	223.60	158.30	197.90	248.70	13.90	23.90	36.40
72	174.70	206.30	247.90	165.60	207.20	260.40	15.50	26.70	40.40
73	193.50	228.60	274.80	172.90	216.50	272.30	17.30	29.70	44.80
74	214.30	253.20	304.60	180.20	225.90	284.30	19.30	33.10	49.70
75	237.40	280.50	337.70	187.40	235.20	296.10	21.40	36.80	55.10
76	258.30	305.00	367.40	193.00	242.50	305.70	23.50	40.30	60.20
77	281.00	331.60	399.70	198.50	249.60	315.10	25.80	44.10	65.60
78	305.80	360.50	434.80	203.60	256.50	324.30	28.20	48.40	71.60
79	332.70	392.00	473.10	208.50	263.10	333.00	30.90	52.90	78.10

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	362.00*	426.20*	514.70*				33.80*	57.90*	85.20*
81	389.00*	457.30*	552.40*				36.60*	62.60*	91.70*
82	418.10*	490.70*	592.90*				39.60*	67.60*	98.70*
83	449.30*	526.60*	636.40*				42.90*	72.90*	106.20*
84	482.90*	565.00*	683.10*				46.30*	78.80*	114.30*
85	519.00*	606.30*	733.20*				50.10*	85.00*	123.00*
86	546.10*	636.80*	770.60*				52.80*	89.40*	129.20*
87	574.60*	668.90*	809.90*				55.60*	94.00*	135.80*
88	604.60*	702.60*	851.10*				58.50*	98.80*	142.80*
89	636.20*	737.90*	894.50*				61.60*	104.00*	150.10*
90	669.40*	775.10*	940.20*				64.80*	109.30*	157.70*
91	694.80*	803.80*	976.60*				67.20*	113.40*	164.30*
92	721.20*	833.50*	1,014.50*				69.60*	117.60*	171.10*
93	748.50*	864.30*	1,053.90*				72.20*	122.10*	178.10*
94	776.90*	896.30*	1,094.80*				74.80*	126.60*	185.50*
95	806.40*	929.50*	1,137.30*				77.50*	131.30*	193.10*
96	833.60*	962.20*	1,181.20*				80.20*	136.30*	201.80*
97	861.70*	996.10*	1,226.90*				83.10*	141.60*	210.70*
98	890.80*	1,031.20*	1,274.30*				85.90*	147.00*	220.10*
99	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
100	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
101	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
102	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
103	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
104	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
105	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
106	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
107	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
108	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
109	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
110	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	28.80	33.90	40.40	111.20	142.30	183.10	1.50	3.10	6.30
41	30.10	35.40	42.20	111.80	143.10	184.00	1.60	3.20	6.60
42	31.40	36.90	44.10	112.50	143.80	184.80	1.70	3.50	6.90
43	32.80	38.60	46.10	113.10	144.50	185.60	1.80	3.60	7.30
44	34.10	40.30	48.20	113.70	145.10	186.40	2.00	3.80	7.60
45	35.70	42.00	50.40	114.20	145.80	187.10	2.00	4.10	7.90
46	37.20	44.00	52.70	114.70	146.30	187.60	2.20	4.30	8.40
47	38.80	45.90	55.10	115.20	146.90	188.30	2.40	4.60	8.70
48	40.50	48.00	57.60	115.60	147.30	188.60	2.40	4.70	9.10
49	42.20	50.10	60.20	115.90	147.70	189.10	2.50	5.10	9.60
50	44.00	52.30	62.90	116.30	148.00	189.50	2.70	5.30	10.10
51	46.00	54.60	65.70	116.60	148.30	189.70	2.80	5.60	10.60
52	47.90	57.10	68.70	116.80	148.50	190.10	3.10	5.90	11.10
53	50.00	59.60	71.80	116.90	148.60	190.50	3.30	6.30	11.60
54	52.10	62.20	75.10	117.00	148.60	190.90	3.40	6.60	12.10
55	54.40	65.00	78.40	117.10	148.60	191.30	3.50	7.00	12.70
56	57.60	68.90	83.20	118.60	150.30	191.60	3.90	7.50	13.50
57	61.10	73.00	88.20	119.80	152.00	193.60	4.10	8.10	14.30
58	64.70	77.40	93.50	121.10	153.30	195.30	4.50	8.60	15.10
59	68.50	82.10	99.20	122.30	154.80	196.80	4.80	9.10	16.00
60	72.60	87.00	105.20	123.30	156.10	198.30	5.10	9.80	16.90
61	77.50	92.90	112.40	125.30	158.50	201.20	5.50	10.60	18.10
62	82.70	99.20	120.00	127.30	160.90	204.00	6.00	11.40	19.30
63	88.40	105.90	128.10	129.00	163.10	206.80	6.40	12.30	20.70
64	94.30	113.10	136.90	130.80	165.20	209.20	6.90	13.20	22.10
65	100.60	120.80	146.20	132.40	167.00	211.30	7.50	14.10	23.60
66	111.00	133.30	161.30	138.50	174.70	221.00	8.30	15.70	26.00
67	122.50	147.10	178.10	144.70	182.50	230.80	9.30	17.60	28.70
68	135.00	162.30	196.50	151.00	190.60	240.70	10.40	19.50	31.80
69	149.00	179.00	216.90	157.30	198.60	250.60	11.60	21.70	35.00
70	164.30	197.50	239.20	163.60	206.60	260.70	12.80	24.10	38.70
71	181.60	218.30	264.50	171.00	215.90	272.50	14.40	26.80	42.80
72	200.80	241.20	292.40	178.30	225.40	284.40	16.00	29.80	47.30
73	222.10	266.60	323.20	185.50	234.90	296.30	17.80	33.20	52.30
74	245.60	294.70	357.40	192.70	244.30	308.10	19.80	36.90	57.80
75	271.50	325.70	395.00	199.70	253.50	319.80	22.20	41.10	63.90
76	294.90	353.30	428.70	205.70	261.40	329.90	24.40	45.00	69.60
77	320.40	383.30	465.30	211.30	268.90	339.80	26.80	49.20	75.80
78	348.20	415.90	505.10	216.70	276.20	349.40	29.30	53.80	82.40
79	378.20	451.20	548.10	221.70	283.20	358.70	32.20	58.80	89.70

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	410.90*	489.40*	594.90*				35.30*	64.40*	97.60*
81	441.00*	524.00*	637.00*				38.30*	69.40*	104.90*
82	473.30*	561.00*	682.10*				41.40*	74.90*	112.70*
83	508.00*	600.70*	730.50*				44.90*	80.60*	121.00*
84	545.20*	643.10*	782.10*				48.60*	87.00*	130.00*
85	585.10*	688.60*	837.60*				52.60*	93.70*	139.60*
86	614.50*	721.20*	877.40*				55.50*	98.40*	146.20*
87	645.40*	755.40*	919.20*				58.50*	103.20*	153.20*
88	677.80*	791.20*	963.10*				61.70*	108.30*	160.40*
89	711.90*	828.60*	1,008.90*				65.00*	113.60*	168.10*
90	747.70*	867.90*	1,057.00*				68.40*	119.20*	176.10*
91	774.10*	897.60*	1,094.90*				71.10*	123.50*	182.90*
92	801.60*	928.50*	1,134.20*				73.70*	127.90*	190.00*
93	830.10*	960.30*	1,175.00*				76.30*	132.30*	197.40*
94	859.60*	993.30*	1,217.20*				79.20*	137.00*	204.90*
95	890.10*	1,027.30*	1,260.90*				82.20*	142.00*	212.90*
96	918.60*	1,061.90*	1,307.90*				84.90*	147.40*	222.10*
97	947.90*	1,097.60*	1,356.50*				87.60*	153.10*	231.90*
98	978.30*	1,134.50*	1,407.00*				90.50*	158.90*	241.90*
99	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
100	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
101	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
102	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
103	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
104	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
105	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
106	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
107	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
108	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
109	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
110	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	23.30	26.40	30.50	87.50	110.00	139.30	1.50	2.50	4.40
41	24.30	27.50	31.90	88.10	110.70	140.20	1.50	2.70	4.60
42	25.30	28.70	33.30	88.60	111.50	141.00	1.50	2.90	4.80
43	26.30	29.90	34.80	89.30	112.00	141.90	1.70	3.00	5.10
44	27.40	31.20	36.40	89.80	112.70	142.50	1.80	3.20	5.30
45	28.60	32.60	37.90	90.30	113.30	143.30	1.90	3.40	5.60
46	29.80	33.90	39.70	90.70	113.80	144.00	2.00	3.50	5.80
47	30.90	35.40	41.40	91.20	114.40	144.60	2.10	3.70	6.20
48	32.20	36.90	43.30	91.60	114.80	145.10	2.30	3.90	6.50
49	33.60	38.50	45.20	92.00	115.30	145.70	2.40	4.20	6.80
50	34.90	40.20	47.20	92.40	115.70	146.10	2.50	4.40	7.20
51	36.40	42.00	49.30	92.70	116.00	146.60	2.60	4.60	7.60
52	37.90	43.70	51.60	92.90	116.50	146.90	2.70	4.90	7.90
53	39.50	45.60	53.90	93.30	116.70	147.20	2.90	5.20	8.40
54	41.10	47.60	56.20	93.50	116.80	147.50	3.10	5.40	8.90
55	42.80	49.60	58.80	93.70	117.00	147.60	3.40	5.70	9.30
56	45.30	52.60	62.40	95.00	118.70	149.60	3.50	6.10	9.80
57	48.00	55.80	66.20	96.30	120.30	151.60	3.70	6.50	10.50
58	50.80	59.20	70.30	97.60	121.80	153.50	4.00	6.90	11.20
59	53.80	62.70	74.60	98.70	123.20	155.20	4.30	7.40	11.90
60	56.90	66.40	79.20	99.90	124.70	157.00	4.60	7.90	12.60
61	60.80	71.10	84.60	101.80	127.00	160.10	4.90	8.50	13.70
62	64.90	75.90	90.50	103.70	129.50	163.00	5.30	9.20	14.60
63	69.30	81.20	96.90	105.60	131.80	165.70	5.70	9.80	15.60
64	74.00	86.80	103.60	107.30	134.00	168.40	6.10	10.60	16.70
65	79.00	92.70	110.90	109.00	136.10	171.00	6.60	11.50	17.80
66	87.20	102.60	122.70	114.50	142.90	179.60	7.40	12.60	19.80
67	96.30	113.30	135.70	120.00	150.00	188.40	8.20	14.20	21.90
68	106.30	125.20	150.10	125.80	157.20	197.40	9.20	15.70	24.30
69	117.40	138.40	166.00	131.60	164.40	206.50	10.20	17.60	26.90
70	129.60	153.00	183.60	137.50	171.80	215.70	11.40	19.60	29.80
71	143.50	169.50	203.50	144.10	180.10	226.30	12.60	21.70	33.10
72	159.00	187.70	225.60	150.70	188.60	237.00	14.10	24.30	36.80
73	176.10	208.00	250.10	157.30	197.00	247.80	15.70	27.00	40.80
74	195.00	230.40	277.20	164.00	205.60	258.70	17.60	30.10	45.20
75	216.00	255.30	307.30	170.50	214.00	269.50	19.50	33.50	50.10
76	235.10	277.60	334.30	175.60	220.70	278.20	21.40	36.70	54.80
77	255.70	301.80	363.70	180.60	227.10	286.70	23.50	40.10	59.70
78	278.30	328.10	395.70	185.30	233.40	295.10	25.70	44.00	65.20
79	302.80	356.70	430.50	189.70	239.40	303.00	28.10	48.10	71.10

Northwestern Long Term Care Insurance Company

Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	329.40*	387.80*	468.40*				30.80*	52.70*	77.50*
81	354.00*	416.10*	502.70*				33.30*	57.00*	83.40*
82	380.50*	446.50*	539.50*				36.00*	61.50*	89.80*
83	408.90*	479.20*	579.10*				39.00*	66.30*	96.60*
84	439.40*	514.20*	621.60*				42.10*	71.70*	104.00*
85	472.30*	551.70*	667.20*				45.60*	77.40*	111.90*
86	497.00*	579.50*	701.20*				48.00*	81.40*	117.60*
87	522.90*	608.70*	737.00*				50.60*	85.50*	123.60*
88	550.20*	639.40*	774.50*				53.20*	89.90*	129.90*
89	578.90*	671.50*	814.00*				56.10*	94.60*	136.60*
90	609.20*	705.30*	855.60*				59.00*	99.50*	143.50*
91	632.30*	731.50*	888.70*				61.20*	103.20*	149.50*
92	656.30*	758.50*	923.20*				63.30*	107.00*	155.70*
93	681.10*	786.50*	959.00*				65.70*	111.10*	162.10*
94	707.00*	815.60*	996.30*				68.10*	115.20*	168.80*
95	733.80*	845.80*	1,034.90*				70.50*	119.50*	175.70*
96	758.60*	875.60*	1,074.90*				73.00*	124.00*	183.60*
97	784.10*	906.50*	1,116.50*				75.60*	128.90*	191.70*
98	810.60*	938.40*	1,159.60*				78.20*	133.80*	200.30*
99	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
100	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
101	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
102	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
103	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
104	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
105	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
106	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
107	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
108	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
109	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
110	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit

(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	6.20	6.50	7.00	6.90	8.10	9.50	0.10	0.20	0.50
41	6.40	6.80	7.20	7.20	8.30	9.80	0.10	0.20	0.50
42	6.60	7.00	7.50	7.50	8.70	10.10	0.10	0.30	0.60
43	6.80	7.30	7.80	7.80	8.90	10.50	0.20	0.30	0.60
44	7.00	7.50	8.10	8.10	9.30	10.80	0.20	0.30	0.60
45	7.30	7.70	8.30	8.40	9.70	11.30	0.20	0.40	0.80
46	7.50	8.00	8.60	8.70	9.90	11.60	0.20	0.40	0.80
47	7.80	8.20	8.90	9.00	10.30	12.00	0.20	0.50	0.80
48	8.00	8.50	9.30	9.30	10.70	12.30	0.30	0.50	0.80
49	8.30	8.70	9.60	9.60	11.10	12.70	0.30	0.50	0.80
50	8.50	9.00	9.90	10.00	11.40	13.10	0.30	0.60	0.90
51	8.80	9.30	10.20	10.40	11.80	13.50	0.30	0.70	1.00
52	9.10	9.60	10.60	10.70	12.20	13.90	0.30	0.70	1.10
53	9.40	9.90	10.90	11.00	12.50	14.30	0.40	0.70	1.20
54	9.60	10.30	11.30	11.50	12.80	14.80	0.50	0.70	1.30
55	9.90	10.60	11.70	11.90	13.30	15.10	0.50	0.70	1.40
56	10.40	11.10	12.30	12.10	13.50	15.40	0.50	0.80	1.40
57	10.90	11.60	12.90	12.40	13.80	15.80	0.50	0.90	1.50
58	11.40	12.20	13.50	12.70	14.00	16.10	0.50	0.90	1.60
59	11.90	12.80	14.30	13.10	14.30	16.30	0.70	1.00	1.70
60	12.40	13.40	14.90	13.50	14.50	16.70	0.80	1.10	1.80
61	13.10	14.10	15.70	13.70	14.80	17.10	0.80	1.30	2.00
62	13.80	14.90	16.70	14.10	15.00	17.20	0.90	1.30	2.00
63	14.60	15.70	17.60	14.30	15.20	17.50	0.90	1.50	2.20
64	15.40	16.60	18.60	14.70	15.40	17.80	1.00	1.50	2.30
65	16.20	17.50	19.70	14.90	15.60	18.00	1.10	1.60	2.40
66	17.40	18.90	21.40	15.70	16.40	18.90	1.20	1.80	2.70
67	18.70	20.50	23.30	16.50	17.00	19.70	1.30	2.00	3.00
68	20.00	22.30	25.40	17.00	18.90	21.80	1.50	2.20	3.30
69	21.40	24.10	27.60	17.50	19.40	22.40	1.70	2.50	3.70
70	22.90	26.10	30.00	18.00	20.00	23.10	1.80	2.80	4.10
71	24.30	27.60	31.70	18.60	20.60	23.80	2.00	3.00	4.40
72	25.90	29.10	33.50	19.10	21.30	24.50	2.00	3.20	4.70
73	27.40	30.50	35.20	19.70	21.90	25.30	2.20	3.50	5.10
74	29.10	32.00	37.10	20.30	22.50	26.00	2.20	3.80	5.40
75	30.80	33.60	38.70	20.90	23.20	26.80	2.30	4.00	5.90
76	32.30	34.50	39.40	21.50	23.90	27.60	2.50	4.10	6.00
77	33.90	35.30	39.90	22.20	24.60	28.40	2.60	4.30	6.00
78	35.60	38.30	42.90	22.80	25.40	29.30	2.80	4.60	7.50
79	37.30	40.10	44.90	23.50	26.10	30.20	3.10	4.90	8.00

80	39.00*	41.90*	47.00*	3.30*	5.30*	8.60*
81	41.10*	44.20*	49.50*	3.50*	5.70*	9.30*
82	43.40*	46.70*	52.30*	3.80*	6.10*	10.00*
83	45.90*	49.40*	55.30*	4.10*	6.60*	10.70*
84	48.30*	51.90*	58.20*	4.40*	7.10*	11.50*
85	51.10*	54.90*	61.60*	4.70*	7.60*	12.40*
86	55.70*	59.90*	67.10*	5.10*	8.20*	13.30*
87	60.80*	65.40*	73.30*	5.50*	8.80*	14.30*
88	66.10*	71.10*	79.60*	5.90*	9.50*	15.40*
89	72.00*	77.40*	86.70*	6.30*	10.20*	16.60*
90	78.20*	84.10*	94.20*	6.80*	10.90*	17.80*
91	79.80*	85.80*	96.10*	7.30*	11.70*	19.20*
92	81.40*	87.50*	98.10*	7.80*	12.60*	20.60*
93	83.10*	89.40*	100.10*	8.40*	13.60*	22.10*
94	84.90*	91.30*	102.30*	9.00*	14.60*	23.80*
95	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
96	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
97	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
98	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
99	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
100	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
101	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
102	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
103	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
104	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
105	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
106	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
107	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
108	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
109	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
110	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit (Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit
\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	5.20	5.40	5.60	4.90	5.40	6.20	0.10	0.20	0.50
41	5.40	5.50	5.80	5.10	5.70	6.50	0.10	0.20	0.50
42	5.50	5.60	6.00	5.40	5.90	6.70	0.10	0.30	0.50
43	5.70	5.80	6.20	5.60	6.20	7.00	0.10	0.30	0.50
44	5.80	5.90	6.40	5.80	6.60	7.30	0.20	0.30	0.50
45	6.00	6.10	6.60	6.00	6.80	7.70	0.20	0.30	0.50
46	6.10	6.40	6.80	6.30	6.90	8.00	0.20	0.30	0.60
47	6.30	6.50	6.90	6.60	7.30	8.40	0.20	0.30	0.70
48	6.50	6.70	7.20	6.80	7.60	8.70	0.20	0.30	0.70
49	6.70	6.90	7.30	7.00	7.80	9.10	0.20	0.30	0.70
50	6.80	7.10	7.60	7.30	8.10	9.40	0.30	0.40	0.70
51	7.00	7.20	7.80	7.60	8.50	9.80	0.30	0.40	0.70
52	7.20	7.50	8.00	7.80	8.80	10.20	0.30	0.40	0.80
53	7.40	7.70	8.30	8.10	9.00	10.50	0.30	0.50	0.80
54	7.60	7.90	8.50	8.30	9.40	11.00	0.30	0.50	0.90
55	7.70	8.10	8.70	8.80	9.80	11.40	0.50	0.50	1.00
56	8.00	8.50	9.20	9.10	10.00	11.60	0.50	0.50	1.00
57	8.50	8.80	9.60	9.20	10.30	11.70	0.50	0.60	1.00
58	8.80	9.20	10.00	9.60	10.70	12.10	0.50	0.70	1.10
59	9.20	9.60	10.60	9.90	10.90	12.20	0.50	0.80	1.10
60	9.60	10.00	11.00	10.20	11.20	12.50	0.50	0.90	1.20
61	10.00	10.50	11.60	10.60	11.50	12.80	0.70	0.90	1.30
62	10.60	11.00	12.20	10.80	11.80	13.00	0.70	1.10	1.40
63	11.10	11.70	12.90	11.30	11.90	13.30	0.80	1.10	1.40
64	11.60	12.30	13.60	11.70	12.10	13.60	0.80	1.20	1.60
65	12.20	13.00	14.30	12.00	12.30	13.90	0.90	1.20	1.60
66	13.20	14.00	15.60	12.60	13.00	14.50	0.90	1.40	1.80
67	14.10	15.30	16.90	13.40	13.50	15.40	1.10	1.40	2.00
68	15.20	16.50	18.30	13.80	15.00	17.30	1.10	1.70	2.30
69	16.40	18.00	19.90	14.20	15.50	17.80	1.20	1.70	2.50
70	17.50	19.40	21.70	14.60	15.90	18.30	1.40	2.10	2.70
71	18.60	20.50	22.80	15.10	16.40	18.90	1.50	2.10	3.00
72	19.80	21.60	23.90	15.50	16.90	19.40	1.50	2.20	3.30
73	20.90	22.70	25.10	16.00	17.40	20.00	1.70	2.20	3.50
74	22.10	23.70	26.10	16.50	17.90	20.60	1.80	2.40	3.80
75	23.30	24.90	27.20	17.00	18.50	21.20	1.80	2.40	4.00
76	24.40	25.50	27.70	17.50	19.00	21.90	1.90	2.50	4.20
77	25.40	26.10	28.10	18.00	19.60	22.50	2.20	2.70	4.30
78	26.60	28.00	30.60	18.50	20.20	23.20	2.40	3.40	5.50
79	27.60	29.10	31.70	19.10	20.80	23.90	2.50	3.60	5.90

80	28.70*	30.20*	33.00*	2.70*	3.90*	6.40*
81	30.40*	32.00*	34.90*	2.90*	4.20*	6.80*
82	32.40*	34.10*	37.20*	3.20*	4.50*	7.30*
83	34.40*	36.20*	39.50*	3.40*	4.90*	7.90*
84	36.40*	38.30*	41.80*	3.60*	5.20*	8.50*
85	38.70*	40.70*	44.50*	3.90*	5.60*	9.10*
86	42.60*	44.80*	49.00*	4.20*	6.00*	9.80*
87	46.80*	49.30*	53.80*	4.50*	6.50*	10.50*
88	51.30*	54.00*	59.00*	4.90*	7.00*	11.30*
89	56.10*	59.10*	64.50*	5.20*	7.50*	12.20*
90	61.30*	64.50*	70.50*	5.60*	8.00*	13.10*
91	62.50*	65.80*	71.80*	6.10*	8.70*	14.10*
92	63.70*	67.10*	73.20*	6.50*	9.30*	15.10*
93	64.90*	68.30*	74.60*	7.00*	10.00*	16.30*
94	66.10*	69.60*	76.00*	7.50*	10.70*	17.50*
95	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
96	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
97	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
98	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
99	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
100	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
101	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
102	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
103	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
104	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
105	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
106	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
107	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
108	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
109	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
110	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

**Non-forfeiture Benefit
(Shortened Benefit Period Option)**

Annual Premium per \$10 of Long-Term Care Daily Benefit
\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	5.40	5.70	6.10	6.00	7.00	8.20	0.10	0.20	0.40
41	5.60	5.90	6.30	6.20	7.30	8.50	0.10	0.20	0.50
42	5.80	6.10	6.50	6.50	7.50	8.90	0.10	0.20	0.50
43	5.90	6.30	6.80	6.80	7.80	9.10	0.20	0.30	0.50
44	6.10	6.50	7.00	7.10	8.10	9.50	0.20	0.30	0.50
45	6.30	6.70	7.30	7.30	8.40	9.70	0.20	0.30	0.50
46	6.50	6.90	7.50	7.60	8.70	10.10	0.20	0.40	0.60
47	6.70	7.10	7.80	7.90	9.00	10.40	0.20	0.40	0.60
48	7.00	7.40	8.00	8.10	9.30	10.80	0.20	0.40	0.80
49	7.20	7.60	8.30	8.40	9.60	11.10	0.20	0.40	0.80
50	7.40	7.90	8.60	8.70	9.90	11.40	0.30	0.40	0.80
51	7.60	8.10	8.90	9.10	10.20	11.80	0.30	0.50	0.90
52	7.90	8.40	9.20	9.30	10.50	12.10	0.30	0.50	1.00
53	8.10	8.60	9.50	9.70	10.90	12.50	0.40	0.60	1.00
54	8.40	8.90	9.80	9.90	11.20	12.90	0.40	0.60	1.10
55	8.60	9.20	10.20	10.30	11.60	13.20	0.40	0.70	1.10
56	9.00	9.70	10.70	10.60	11.70	13.40	0.40	0.70	1.20
57	9.50	10.10	11.20	10.80	12.00	13.70	0.40	0.80	1.30
58	9.90	10.60	11.80	11.10	12.20	13.90	0.50	0.80	1.40
59	10.40	11.10	12.40	11.40	12.40	14.20	0.50	0.90	1.50
60	10.80	11.70	13.00	11.70	12.60	14.50	0.60	0.90	1.60
61	11.40	12.30	13.70	12.00	12.80	14.80	0.70	1.00	1.70
62	12.10	13.00	14.50	12.10	13.00	15.00	0.70	1.10	1.80
63	12.70	13.70	15.30	12.50	13.20	15.30	0.80	1.20	1.90
64	13.40	14.40	16.20	12.70	13.40	15.50	0.80	1.30	2.00
65	14.10	15.20	17.10	13.00	13.60	15.70	0.90	1.40	2.20
66	15.10	16.50	18.60	13.70	14.20	16.40	1.10	1.50	2.40
67	16.20	17.90	20.30	14.40	14.80	17.10	1.20	1.70	2.60
68	17.40	19.40	22.10	14.80	16.50	19.00	1.30	1.90	2.90
69	18.60	21.00	24.00	15.30	17.00	19.60	1.50	2.10	3.20
70	19.90	22.70	26.10	15.70	17.50	20.20	1.60	2.40	3.60
71	21.20	24.00	27.60	16.20	18.00	20.80	1.70	2.60	3.80
72	22.50	25.30	29.10	16.70	18.50	21.40	1.80	2.80	4.10
73	23.90	26.60	30.70	17.20	19.10	22.00	1.90	3.00	4.40
74	25.30	27.90	32.20	17.70	19.70	22.70	2.00	3.20	4.70
75	26.80	29.20	33.70	18.20	20.30	23.40	2.00	3.40	5.10
76	28.10	30.00	34.30	18.80	20.90	24.10	2.20	3.60	5.10
77	29.50	30.80	34.70	19.40	21.50	24.80	2.30	3.70	5.20
78	30.90	33.20	37.20	19.90	22.10	25.60	2.50	4.00	6.50
79	32.40	34.80	39.00	20.50	22.80	26.30	2.70	4.30	7.00

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit

(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	33.90*	36.50*	40.80*				2.90*	4.60*	7.50*
81	35.80*	38.50*	43.10*				3.10*	5.00*	8.10*
82	37.80*	40.60*	45.50*				3.30*	5.30*	8.70*
83	39.90*	42.90*	48.10*				3.50*	5.70*	9.30*
84	42.10*	45.30*	50.70*				3.80*	6.20*	10.00*
85	44.40*	47.70*	53.50*				4.10*	6.60*	10.80*
86	48.50*	52.20*	58.40*				4.40*	7.10*	11.60*
87	52.90*	56.90*	63.70*				4.70*	7.60*	12.50*
88	57.50*	61.80*	69.30*				5.10*	8.20*	13.40*
89	62.60*	67.30*	75.40*				5.50*	8.80*	14.40*
90	68.00*	73.10*	81.90*				5.90*	9.50*	15.50*
91	69.40*	74.60*	83.60*				6.30*	10.20*	16.70*
92	70.80*	76.10*	85.30*				6.80*	11.00*	17.90*
93	72.30*	77.70*	87.10*				7.30*	11.80*	19.30*
94	73.80*	79.40*	88.90*				7.90*	12.70*	20.70*
95	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
96	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
97	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
98	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
99	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
100	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
101	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
102	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
103	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
104	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
105	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
106	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
107	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
108	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
109	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
110	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home, \$5/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.50	4.60	4.90	4.30	4.80	5.40	0.10	0.20	0.40
41	4.70	4.80	5.10	4.40	4.90	5.60	0.10	0.20	0.40
42	4.80	4.90	5.20	4.60	5.20	5.90	0.10	0.20	0.40
43	4.90	5.10	5.40	4.90	5.30	6.10	0.10	0.20	0.40
44	5.10	5.20	5.50	5.00	5.60	6.50	0.10	0.20	0.50
45	5.20	5.40	5.70	5.30	5.80	6.70	0.10	0.20	0.50
46	5.30	5.50	5.90	5.50	6.10	7.00	0.20	0.30	0.50
47	5.50	5.70	6.10	5.70	6.30	7.20	0.20	0.30	0.50
48	5.60	5.80	6.20	5.90	6.60	7.60	0.20	0.30	0.60
49	5.80	6.00	6.40	6.10	6.80	7.90	0.20	0.30	0.60
50	5.90	6.20	6.60	6.40	7.00	8.20	0.20	0.30	0.60
51	6.10	6.30	6.80	6.60	7.40	8.50	0.20	0.40	0.70
52	6.30	6.50	7.00	6.80	7.60	8.80	0.20	0.40	0.70
53	6.40	6.70	7.20	7.10	7.90	9.20	0.30	0.40	0.70
54	6.60	6.90	7.40	7.30	8.20	9.50	0.30	0.40	0.80
55	6.70	7.10	7.60	7.60	8.40	9.80	0.40	0.40	0.80
56	7.00	7.40	8.00	7.90	8.70	10.00	0.40	0.40	0.80
57	7.30	7.70	8.40	8.10	9.00	10.20	0.40	0.50	0.80
58	7.70	8.00	8.80	8.30	9.20	10.40	0.40	0.60	0.90
59	8.00	8.30	9.20	8.60	9.60	10.60	0.40	0.70	0.90
60	8.30	8.70	9.60	8.90	9.80	10.80	0.50	0.70	1.00
61	8.70	9.20	10.10	9.20	9.90	11.10	0.60	0.80	1.10
62	9.20	9.70	10.60	9.50	10.10	11.40	0.60	0.80	1.20
63	9.70	10.20	11.20	9.70	10.30	11.60	0.60	0.90	1.30
64	10.10	10.70	11.80	10.10	10.60	11.80	0.70	1.00	1.40
65	10.60	11.30	12.50	10.50	10.70	12.00	0.80	1.00	1.40
66	11.50	12.20	13.50	10.90	11.30	12.70	0.80	1.20	1.60
67	12.30	13.30	14.70	11.60	11.80	13.40	0.90	1.30	1.80
68	13.20	14.40	16.00	11.90	13.00	14.90	1.00	1.40	1.90
69	14.20	15.60	17.40	12.30	13.40	15.40	1.10	1.60	2.10
70	15.20	16.90	18.80	12.70	13.80	15.80	1.20	1.70	2.40
71	16.20	17.80	19.80	13.10	14.20	16.30	1.30	1.90	2.60
72	17.20	18.80	20.80	13.40	14.60	16.80	1.30	1.90	2.80
73	18.20	19.70	21.80	13.90	15.10	17.30	1.40	2.00	3.00
74	19.20	20.70	22.70	14.30	15.50	17.80	1.50	2.00	3.30
75	20.30	21.60	23.60	14.70	16.00	18.40	1.60	2.10	3.60
76	21.20	22.20	24.10	15.10	16.50	18.90	1.70	2.20	3.60
77	22.10	22.70	24.40	15.60	16.90	19.50	1.90	2.30	3.80
78	23.10	24.30	26.60	16.10	17.50	20.10	2.00	2.90	4.80
79	24.00	25.30	27.60	16.50	18.00	20.70	2.20	3.10	5.10

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home, \$5/day for Home Care & Adult Day Care
 91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	25.00*	26.30*	28.70*				2.40*	3.40*	5.50*
81	26.50*	27.90*	30.50*				2.50*	3.60*	5.90*
82	28.10*	29.60*	32.30*				2.70*	3.90*	6.30*
83	29.90*	31.50*	34.40*				2.90*	4.20*	6.80*
84	31.70*	33.40*	36.40*				3.20*	4.50*	7.30*
85	33.70*	35.50*	38.70*				3.40*	4.80*	7.90*
86	37.00*	38.90*	42.50*				3.60*	5.20*	8.50*
87	40.60*	42.70*	46.70*				3.90*	5.60*	9.10*
88	44.60*	46.90*	51.30*				4.20*	6.00*	9.80*
89	48.80*	51.40*	56.10*				4.50*	6.50*	10.50*
90	53.30*	56.10*	61.30*				4.90*	6.90*	11.30*
91	54.30*	57.20*	62.40*				5.20*	7.50*	12.20*
92	55.40*	58.30*	63.70*				5.60*	8.00*	13.10*
93	56.40*	59.40*	64.80*				6.00*	8.60*	14.10*
94	57.50*	60.50*	66.10*				6.50*	9.30*	15.10*
95	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
96	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
97	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
98	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
99	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
100	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
101	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
102	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
103	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
104	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
105	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
106	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
107	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
108	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
109	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
110	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.90	5.20	5.60	5.50	6.40	7.50	0.10	0.20	0.40
41	5.10	5.40	5.70	5.60	6.60	7.70	0.10	0.20	0.50
42	5.30	5.60	5.90	5.90	6.80	8.10	0.10	0.20	0.50
43	5.40	5.70	6.20	6.20	7.10	8.30	0.20	0.30	0.50
44	5.60	5.90	6.40	6.50	7.40	8.60	0.20	0.30	0.50
45	5.70	6.10	6.60	6.60	7.60	8.80	0.20	0.30	0.50
46	5.90	6.30	6.80	6.90	7.90	9.20	0.20	0.40	0.50
47	6.10	6.50	7.10	7.20	8.20	9.50	0.20	0.40	0.50
48	6.40	6.70	7.30	7.40	8.50	9.80	0.20	0.40	0.70
49	6.60	6.90	7.60	7.60	8.70	10.10	0.20	0.40	0.70
50	6.70	7.20	7.80	7.90	9.00	10.40	0.30	0.40	0.70
51	6.90	7.40	8.10	8.30	9.30	10.70	0.30	0.50	0.80
52	7.20	7.60	8.40	8.50	9.60	11.00	0.30	0.50	0.90
53	7.40	7.80	8.60	8.80	9.90	11.40	0.40	0.50	0.90
54	7.60	8.10	8.90	9.00	10.20	11.70	0.40	0.50	1.00
55	7.80	8.40	9.30	9.40	10.60	12.00	0.40	0.60	1.00
56	8.20	8.80	9.70	9.60	10.60	12.20	0.40	0.60	1.10
57	8.60	9.20	10.20	9.80	10.90	12.50	0.40	0.70	1.20
58	9.00	9.60	10.70	10.10	11.10	12.60	0.50	0.70	1.30
59	9.50	10.10	11.30	10.40	11.30	12.90	0.50	0.80	1.40
60	9.80	10.60	11.80	10.60	11.50	13.20	0.50	0.80	1.50
61	10.40	11.20	12.50	10.90	11.60	13.50	0.60	0.90	1.50
62	11.00	11.80	13.20	11.00	11.80	13.70	0.60	1.00	1.60
63	11.60	12.50	13.90	11.40	12.00	13.90	0.70	1.10	1.70
64	12.20	13.10	14.70	11.60	12.20	14.10	0.70	1.20	1.80
65	12.80	13.80	15.60	11.80	12.40	14.30	0.80	1.30	2.00
66	13.70	15.00	16.90	12.50	12.90	14.90	1.00	1.40	2.20
67	14.70	16.30	18.50	13.10	13.50	15.60	1.10	1.50	2.40
68	15.80	17.70	20.10	13.50	15.00	17.30	1.20	1.70	2.60
69	16.90	19.10	21.80	13.90	15.40	17.80	1.40	1.90	2.90
70	18.10	20.70	23.80	14.30	15.90	18.40	1.50	2.20	3.30
71	19.30	21.80	25.10	14.70	16.40	18.90	1.50	2.40	3.50
72	20.50	23.00	26.50	15.20	16.90	19.50	1.60	2.50	3.70
73	21.70	24.20	27.90	15.60	17.40	20.10	1.70	2.70	4.00
74	23.00	25.40	29.30	16.10	17.90	20.70	1.80	2.90	4.30
75	24.40	26.60	30.70	16.60	18.40	21.30	1.80	3.10	4.60
76	25.60	27.30	31.20	17.10	19.00	21.90	2.00	3.30	4.60
77	26.80	28.00	31.60	17.60	19.60	22.60	2.10	3.40	4.70
78	28.10	30.20	33.90	18.10	20.20	23.30	2.20	3.60	5.90
79	29.50	31.70	35.50	18.70	20.80	24.00	2.40	3.90	6.40

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit
(Shortened Benefit Period Option)
Annual Premium per \$10 of Long-Term Care Daily Benefit
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	30.80*	33.20*	37.20*				2.60*	4.20*	6.80*
81	32.60*	35.00*	39.30*				2.80*	4.50*	7.40*
82	34.40*	37.00*	41.40*				3.00*	4.80*	7.90*
83	36.30*	39.00*	43.70*				3.20*	5.20*	8.50*
84	38.30*	41.20*	46.20*				3.50*	5.60*	9.10*
85	40.40*	43.40*	48.70*				3.70*	6.00*	9.80*
86	44.10*	47.50*	53.20*				4.00*	6.50*	10.60*
87	48.10*	51.80*	58.00*				4.30*	7.00*	11.40*
88	52.30*	56.30*	63.00*				4.60*	7.50*	12.20*
89	57.00*	61.30*	68.60*				5.00*	8.00*	13.10*
90	61.90*	66.50*	74.60*				5.40*	8.60*	14.10*
91	63.20*	67.90*	76.10*				5.80*	9.30*	15.20*
92	64.40*	69.30*	77.60*				6.20*	10.00*	16.30*
93	65.80*	70.70*	79.30*				6.70*	10.70*	17.50*
94	67.20*	72.20*	80.90*				7.20*	11.50*	18.80*
95	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
96	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
97	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
98	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
99	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
100	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
101	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
102	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
103	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
104	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
105	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
106	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
107	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
108	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
109	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
110	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit (Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit
\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care
181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.10	4.20	4.50	3.90	4.40	4.90	0.10	0.20	0.40
41	4.30	4.40	4.60	4.00	4.50	5.10	0.10	0.20	0.40
42	4.40	4.50	4.70	4.20	4.70	5.40	0.10	0.20	0.40
43	4.50	4.60	4.90	4.50	4.80	5.60	0.10	0.20	0.40
44	4.60	4.70	5.00	4.60	5.10	5.90	0.10	0.20	0.50
45	4.70	4.90	5.20	4.80	5.30	6.10	0.10	0.20	0.50
46	4.80	5.00	5.40	5.00	5.60	6.40	0.20	0.30	0.50
47	5.00	5.20	5.60	5.20	5.70	6.60	0.20	0.30	0.50
48	5.10	5.30	5.60	5.40	6.00	6.90	0.20	0.30	0.50
49	5.30	5.50	5.80	5.60	6.20	7.20	0.20	0.30	0.50
50	5.40	5.60	6.00	5.80	6.40	7.50	0.20	0.30	0.50
51	5.60	5.70	6.20	6.00	6.70	7.70	0.20	0.40	0.60
52	5.70	5.90	6.40	6.20	6.90	8.00	0.20	0.40	0.60
53	5.80	6.10	6.60	6.50	7.20	8.40	0.30	0.40	0.60
54	6.00	6.30	6.70	6.60	7.50	8.60	0.30	0.40	0.70
55	6.10	6.50	6.90	6.90	7.60	8.90	0.40	0.40	0.70
56	6.40	6.70	7.30	7.20	7.90	9.10	0.40	0.40	0.70
57	6.60	7.00	7.60	7.40	8.20	9.30	0.40	0.50	0.70
58	7.00	7.30	8.00	7.60	8.40	9.50	0.40	0.50	0.80
59	7.30	7.60	8.40	7.80	8.70	9.60	0.40	0.60	0.80
60	7.60	7.90	8.70	8.10	8.90	9.80	0.50	0.60	0.90
61	7.90	8.40	9.20	8.40	9.00	10.10	0.50	0.70	1.00
62	8.40	8.80	9.60	8.60	9.20	10.40	0.50	0.70	1.10
63	8.80	9.30	10.20	8.80	9.40	10.60	0.50	0.80	1.20
64	9.20	9.70	10.70	9.20	9.60	10.70	0.60	0.90	1.30
65	9.60	10.30	11.40	9.60	9.70	10.90	0.70	0.90	1.30
66	10.50	11.10	12.30	9.90	10.30	11.60	0.70	1.10	1.50
67	11.20	12.10	13.40	10.60	10.70	12.20	0.80	1.20	1.60
68	12.00	13.10	14.60	10.90	11.80	13.60	0.90	1.30	1.70
69	12.90	14.20	15.80	11.20	12.20	14.00	1.00	1.50	1.90
70	13.80	15.40	17.10	11.50	12.50	14.40	1.10	1.50	2.20
71	14.70	16.20	18.00	11.90	12.90	14.90	1.20	1.70	2.40
72	15.70	17.10	18.90	12.20	13.30	15.30	1.20	1.70	2.50
73	16.60	17.90	19.80	12.60	13.70	15.80	1.30	1.80	2.70
74	17.50	18.80	20.70	13.00	14.10	16.20	1.40	1.80	3.00
75	18.50	19.70	21.50	13.40	14.50	16.70	1.50	1.90	3.30
76	19.30	20.20	21.90	13.80	15.00	17.20	1.50	2.00	3.30
77	20.10	20.70	22.20	14.20	15.40	17.70	1.70	2.10	3.50
78	21.00	22.10	24.20	14.60	15.90	18.30	1.90	2.70	4.30
79	21.80	23.00	25.10	15.10	16.40	18.80	2.00	2.90	4.60

Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit

(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	22.80*	23.90*	26.10*				2.10*	3.10*	5.00*
81	24.10*	25.40*	27.70*				2.30*	3.30*	5.40*
82	25.60*	26.90*	29.40*				2.50*	3.50*	5.80*
83	27.20*	28.60*	31.30*				2.70*	3.80*	6.20*
84	28.80*	30.40*	33.20*				2.90*	4.10*	6.70*
85	30.70*	32.30*	35.20*				3.10*	4.40*	7.20*
86	33.70*	35.40*	38.70*				3.30*	4.70*	7.70*
87	36.90*	38.90*	42.50*				3.60*	5.10*	8.30*
88	40.60*	42.70*	46.70*				3.80*	5.50*	8.90*
89	44.40*	46.70*	51.00*				4.10*	5.90*	9.60*
90	48.50*	51.10*	55.80*				4.40*	6.30*	10.30*
91	49.40*	52.00*	56.80*				4.80*	6.80*	11.10*
92	50.40*	53.10*	57.90*				5.10*	7.30*	11.90*
93	51.30*	54.00*	59.00*				5.50*	7.90*	12.80*
94	52.30*	55.10*	60.10*				5.90*	8.40*	13.70*
95	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
96	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
97	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
98	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
99	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
100	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
101	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
102	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
103	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
104	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
105	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
106	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
107	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
108	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
109	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
110	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*

* Rates applicable only for increases after issue.

Northwestern Long Term Care Insurance Company

Survivorship Benefit Premium Percentage

Issue Age	Base	Base Policy Plus Automatic Benefit Increase Option	Base Policy Plus Automatic Additional Purchase Benefit
18-40	12.00%	21.00%	17.00%
41	12.00%	22.00%	17.00%
42	12.00%	22.00%	18.00%
43	13.00%	22.00%	18.00%
44	13.00%	22.00%	19.00%
45	14.00%	23.00%	19.00%
46	14.00%	23.00%	20.00%
47	15.00%	23.00%	20.00%
48	15.00%	24.00%	21.00%
49	15.00%	24.00%	22.00%
50	16.00%	24.00%	22.00%
51	16.00%	24.00%	23.00%
52	17.00%	25.00%	23.00%
53	17.00%	25.00%	24.00%
54	17.00%	25.00%	24.00%
55	18.00%	25.00%	24.00%
56	18.00%	25.00%	25.00%
57	19.00%	26.00%	25.00%
58	19.00%	26.00%	25.00%
59	19.00%	26.00%	26.00%
60	20.00%	26.00%	26.00%
61	20.00%	26.00%	26.00%
62	20.00%	27.00%	27.00%
63	20.00%	27.00%	27.00%
64	21.00%	27.00%	27.00%
65	21.00%	27.00%	27.00%
66	21.00%	27.00%	27.00%
67	22.00%	27.00%	27.00%
68	22.00%	27.00%	27.00%
69	22.00%	26.00%	26.00%
70	22.00%	26.00%	26.00%
71	22.00%	26.00%	26.00%
72	22.00%	26.00%	25.00%
73	21.00%	25.00%	24.00%
74	21.00%	25.00%	23.00%
75	21.00%	24.00%	23.00%
76	20.00%	24.00%	22.00%
77	20.00%	23.00%	21.00%
78	20.00%	23.00%	21.00%
79	20.00%	23.00%	21.00%

80	21.00%*
81	21.00%*
82	21.00%*
83	21.00%*
84	21.00%*
85	21.00%*
86	21.00%*
87	21.00%*
88	21.00%*
89	21.00%*
90	21.00%*
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99	21.00%*
100	21.00%*
101	21.00%*
102	21.00%*
103	21.00%*
104	21.00%*
105	21.00%*
106	21.00%*
107	21.00%*
108	21.00%*
109	21.00%*
110	21.00%*

* Percentages applicable only for increases after issue.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 2016 LTC Risk Mitigation
Project Name/Number: 2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Filing Company: Northwestern Long Term Care Insurance Company

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/02/2017	Withdrawn 11/06/2017	Form	Personalized Options Form	11/06/2017	90-2578 LTC Options Form (VA) 110217.pdf (Superceded)
10/31/2017	Withdrawn 11/03/2017	Form	Personalized Options Form	11/02/2017	90-2578 LTC Options Form (VA) Rev103117.pdf (Superceded)
10/25/2017	Withdrawn 11/03/2017	Form	Personalized Options Form	10/31/2017	90-2578 LTC Options Form (VA) 102517.pdf (Superceded)
10/02/2017	Withdrawn 11/03/2017	Form	Personalized Options Form	10/25/2017	90-2578 LTC Options Form (VA) 080417.pdf (Superceded)
09/29/2017	Withdrawn 11/06/2017	Form	Policyowner Notification Letter	11/06/2017	90-2578 (VA) Rev090817 (2).pdf (Superceded)
09/29/2017	Withdrawn 11/06/2017	Form	Policyowner Notification Letter (Waiver)	11/06/2017	90-2578 LTC (Waiver) (0417) VA rev092817.pdf (Superceded)
09/21/2017	Withdrawn 10/31/2017	Supporting Document	Statement of Variability	09/29/2017	90-2578 SOV (VA) rev090817.pdf (Superceded) 90-2578 (Waiver) SOV (VA) rev090817.pdf (Superceded)
09/21/2017	Withdrawn 10/02/2017	Form	Policyowner Notification Letter	09/29/2017	90-2578 (VA) Rev090817.pdf (Superceded)
09/21/2017	Withdrawn 10/02/2017	Form	Policyowner Notification Letter (Waiver)	09/29/2017	90-2578 LTC (Wavier) (0417)rev090817.pdf (Superceded)
09/21/2017	Withdrawn 10/31/2017	Supporting Document	Long Term Care Insurance Rate Request Summary	10/19/2017	Summary Part 1-RS post Rate Stabilization rev081017.pdf VA Rate Request Summary Part 1-RS post Rate Stabilization REV.pdf (Superceded)
08/10/2017	Withdrawn 10/02/2017	Form	Policyowner Notification Letter (Waiver)	09/21/2017	90-2578 LTC (Waiver) (0417) (VA).pdf (Superceded)
08/10/2017	Withdrawn 10/18/2017	Form	Personalized Options Form	10/02/2017	90-2578 LTC Options Form (VA) 080417.pdf

SERFF Tracking #:

NWST-130932376

State Tracking #:

NWST-130932376

Company Tracking #:

2016 LTC RISK MITIGATION RS RATES -
PO...

State:

Virginia

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2016 LTC Risk Mitigation

Project Name/Number:

2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/10/2017	Withdrawn 10/31/2017	Supporting Document	Long Term Care Insurance Rate Request Summary	09/21/2017	VA Rate Request Summary Part 1- RS post Rate Stabilization.pdf (Superceded) Summary Part 1-RS post Rate Stabilization rev081017.pdf
08/10/2017	Withdrawn 10/31/2017	Supporting Document	Statement of Variability	09/21/2017	90-2578 SOV (VA) 080417.pdf (Superceded) 90-2578 (Waiver) SOV (VA).pdf (Superceded)
08/10/2017	Withdrawn 10/02/2017	Form	Policyowner Notification Letter	09/21/2017	90-2578 (VA) 080417.pdf (Superceded)
07/17/2017	Withdrawn 08/15/2017	Form	Policyowner Notification Letter	08/10/2017	90-2578 (VA) 071217.pdf (Superceded)
07/17/2017	Withdrawn 08/15/2017	Supporting Document	Personalized Options Form	08/10/2017	90-2578 LTC Options Form (VA) 071217.pdf (Superceded)
07/17/2017	Withdrawn 10/31/2017	Supporting Document	Statement of Variability	08/10/2017	90-2578 SOV (VA) 071217.pdf (Superceded)
04/10/2017	Withdrawn 10/31/2017	Supporting Document	L&H Actuarial Memorandum	09/21/2017	Actuarial Certification (RS post- rate) (VA).pdf RS(post-rate stability) Exhibit 1 Loss Ratios (VA).xlsx (Superceded) VA Exhibit 2 Inforce Policies and Premium (RS Post-Rate Stabilization).pdf PREMCALC RR-RS (STD).pdf Experience Exhibits (VA).pdf Inforce Filing Act Memo Cover Letter (VA) RS.pdf ACTMEMO Update (RS Post-Rate Stabilization) (VA) REV.pdf (Superceded) Premium Rate Compare RS post rate after increase to UU2016(1014)Rev VA.pdf
03/20/2017	Withdrawn 07/31/2017	Form	Policyowner Notification Letter	07/17/2017	90-2578 (VA).pdf (Superceded)
03/20/2017	Withdrawn 07/31/2017	Supporting Document	Personalized Options Form	07/17/2017	90-2578 LTC Options Form (VA).pdf (Superceded)
03/20/2017	Withdrawn 07/31/2017	Supporting Document	Statement of Variability	07/17/2017	90-2578 SOV (VA).pdf (Superceded)

SERFF Tracking #:

NWST-130932376

State Tracking #:

NWST-130932376

Company Tracking #:

2016 LTC RISK MITIGATION RS RATES -
PO...

State:

Virginia

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

2016 LTC Risk Mitigation

Project Name/Number:

2016 LTC Risk Mitigation/2016 LTC Risk Mitigation

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/23/2017	Withdrawn 03/21/2017	Supporting Document	Policyowner Notification Letter	03/20/2017	90-2578 (AL AR AZ CO IA ID KS KY LA MD ME MT ND NE OH OK SD VA WY).pdf (Superceded)
02/22/2017	Withdrawn 03/21/2017	Supporting Document	Certification of Compliance	03/20/2017	
02/22/2017	Withdrawn 07/05/2017	Supporting Document	L&H Actuarial Memorandum	04/10/2017	ACTMEMO Update (RS Post-Rate Stabilization) (VA).pdf (Superceded) Actuarial Certification (RS post- rate) (VA).pdf RS(post-rate stability) Exhibit 1 Loss Ratios (VA).xlsx VA Exhibit 2 Inforce Policies and Premium (RS Post-Rate Stabilization).pdf PREMCALC RR-RS (STD).pdf Premium Rate Compare RS post rate after increase to UU2016(0916) VA.pdf (Superceded) Experience Exhibits (VA).pdf Inforce Filing Act Memo Cover Letter (VA) RS.pdf
02/22/2017	Withdrawn 08/15/2017	Supporting Document	Long Term Care Insurance Rate Request Summary	08/10/2017	VA Rate Request Summary Part 1- RS post Rate Stabilizatoin.pdf Summary Part 1-RS post Rate Stabilization.pdf (Superceded)

SERFF Tracking #:	NWST-130932376	State Tracking #:	NWST-130932376	Company Tracking #:	2016 LTC RISK MITIGATION RS RATES - PO...
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State:	Virginia	Filing Company:	Northwestern Long Term Care Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	2016 LTC Risk Mitigation		
Project Name/Number:	2016 LTC Risk Mitigation/2016 LTC Risk Mitigation		

Attachment RS(post-rate stability) Exhibit 1 Loss Ratios (VA).xlsx is not a PDF document and cannot be reproduced here.

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect. Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.	[\$00,000.00] Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.	[\$00,000.00] [Already at State Minimum]	[\$00,000.00] [N/A]	<input type="checkbox"/>

[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period).</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[Lifetime / Unlimited Benefit]	<p>[6 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period)</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	<input type="checkbox"/>
[Inflation Protection]	<p>[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]</p>	<p>[Automatic Benefit Increase (ABI) [5][x]%]</p> <p>[Automatic Additional Purchase Benefit (AAPB)]</p>	<p>[ABI 4%]</p> <p>[ABI 3%]</p> <p>[AAPB at your current benefit amount] [\$00,000.00]</p> <p>[AAPB with no further increases] [\$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.]</p> <p>Note: This will reduce the total amount of benefits</p>	[6 year Benefit]	<p>[3 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [36 months or 3*365 days]</p>	[\$0,000.00]	<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		= Benefit Account Value (BAV) of \$00,000.00]		
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit. This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by [anniversary date] and the changes will be effective as of your policy anniversary date of [anniversary date]. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter and a copy of this Personalized Options Form. The copy of this form should be attached to, and made part of your policy.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxxx]

Signature of Policyowner: _____

Date: _____

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect. Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.	[\$00,000.00] Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.	[\$00,000.00] [Already at State Minimum]	[\$00,000.00] [N/A]	<input type="checkbox"/>

[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period).</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[Lifetime / Unlimited Benefit]	<p>[6 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period)</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	
[Inflation Protection]	<p>[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]</p>	<p>[Automatic Benefit Increase (ABI) [5][x]%]</p> <p>[Automatic Additional Purchase Benefit (AAPB)]</p>	<p>[ABI 4%]</p> <p>[ABI 3%]</p> <p>[AAPB at your current benefit amount] [\$00,000.00]</p> <p>[AAPB with no further increases] [\$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.]</p> <p>Note: This will reduce the total amount of benefits</p>	[6 year Benefit]	<p>[3 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [36 months or 3*365 days]</p>	[\$0,000.00]	<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		= Benefit Account Value (BAV) of \$00,000.00]		
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit. This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by [anniversary date] and the changes will be effective as of your policy anniversary date of [anniversary date]. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter and a copy of this Personalized Options Form.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxxx]

Signature of Policyowner: _____ **Date:** _____

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect. Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.	[\$00,000.00] Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.	[\$00,000.00] [Already at State Minimum]	[\$00,000.00] [N/A]	<input type="checkbox"/>

[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period).</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[Lifetime / Unlimited Benefit]	<p>[6 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$0,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period)</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	
[Inflation Protection]	<p>[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]</p>	<p>[Automatic Benefit Increase (ABI) [5][x]%]</p> <p>[Automatic Additional Purchase Benefit (AAPB)]</p>	<p>[ABI 4%]</p> <p>[ABI 3%]</p> <p>[AAPB at your current benefit amount] [\$0,000.00]</p> <p>[AAPB with no further increases] [\$0,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.]</p> <p>Note: This will reduce the total amount of benefits</p>	[6 year Benefit]	<p>[3 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [36 months or 3*365 days]</p>	[\$0,000.00]	<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		= Benefit Account Value (BAV) of \$00,000.00]		
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit. This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by [anniversary date] and the changes will be effective as of your policy anniversary date of [anniversary date]. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxxx]

Signature of Policyowner: _____ **Date:** _____

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	<p>Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect.</p> <p>Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.</p>	<p>[\$00,000.00]</p> <p>Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.</p>	<p>[\$00,000.00]</p> <p>[Already at State Minimum]</p>	<p>[\$00,000.00]</p> <p>[N/A]</p>	<input type="checkbox"/>

[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period).</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[Lifetime / Unlimited Benefit]	<p>[6 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period)</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	
[Inflation Protection]	<p>[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]</p>	<p>[Automatic Benefit Increase (ABI) [5][x]%]</p> <p>[Automatic Additional Purchase Benefit (AAPB)]</p>	<p>[ABI 4%]</p> <p>[ABI 3%]</p> <p>[AAPB at your current benefit amount] [\$00,000.00]</p> <p>[AAPB with no further increases] [\$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.]</p> <p>Note: This will reduce the total amount of benefits</p>	[6 year Benefit]	<p>[3 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [36 months or 3*365 days] = Benefit</p>	[\$0,000.00]	<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		Account Value (BAV) of \$00,000.00]		
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit. This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by [anniversary date] and the changes will be effective as of your policy anniversary date of [anniversary date]. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter along with a new policy specification pages to keep with your policy contract.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxxx]

Signature of Policyowner: _____

Date: _____



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy. We value you as a policyowner and understand that a premium increase may be unsettling. Please know that we are committed to helping you understand your options so that you can make the best decision for you. Please read this letter carefully and in its entirety. It contains important information about your coverage and the benefit options available to you.

About this Increase

When your premium was originally determined, it was based in part on assumptions about how long policies stay in force, which includes mortality (that rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual experience has been significantly different. Policies are staying in force longer because people are living longer and more people are keeping their policies in force rather than voluntarily lapsing them. This means that more insureds are reaching typical long-term care ages, ultimately leading to more claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Important information about the premium increase for your policy is provided in the following chart. [As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]

Premium and Benefit Breakdown

[POLICY BENEFIT]	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx Without the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$0,000.00] [00%]	[00/00/0000]
[MML/MDL] [\$xx,xxx With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00] [00%]	[00/00/0000]

[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.] [To date you have declined one AAPB increase.] [After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia as authorized by the Virginia Bureau of Insurance. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy. In the event of a future increase, similar options will be available to you. The option to reduce benefits is available at any time.

Understanding your Options

If you do not want to or cannot pay the increased premium, you have several options available to help reduce the impact of the increase.

- **Policy Change Options:** We've included a detailed list of policy change options that are available to help offset the premium increase. These options involve reducing the level of benefits available under your policy with a corresponding reduction in your premium.
- **Personalized Options Form:** We've also provided you with an illustration of your current key policy benefits that shows how your premium would change if you elect to reduce one of these benefits.
- **Need Assistance:** If you would like to see what your premium would be if you made more than one change to your policy, or you want to consider changing a benefit not illustrated in the Personalized Options Form, **please contact our customer care team at [888-888-8888]**. We will be happy to provide you with this information and answer questions about these options.

We recommend that you review all options available to you, including paying the increased premium and reducing your available benefits, with your family members and financial advisor to determine the approach that is most appropriate to your needs. You may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state if you need additional counseling to determine how to proceed. Please go to www.shiptalk.org to find the nearest SHIP to you.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

Next Steps – Decision required by [anniversary date]

NO ACTION is needed if you decide to accept the premium increase. If we do not hear from you about electing a policy change option by [anniversary date], we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [anniversary date] to revise the payment amount.

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by [anniversary date]. You will receive a premium notice reflecting

the increased premium prior to your anniversary date unless you make a change before [25 days prior to anniversary date]. However if we receive your change request by [anniversary date] we will make the change and send you a revised premium notice.

- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at [888-888-8888].
- Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Policy Change Options sections.]]

Importance of LTC Insurance

The need for care can be one of the most significant challenges a person can face, both personally and financially. We have seen the difference this insurance has made in the lives of our customers and their family members. Although the cost for this insurance is increasing, it provides valuable coverage that may not be available from health insurance or government programs.

For Further Assistance

We are committed to ensuring that long-term care benefits will be available to you when you need them. Our dedicated customer care team at [888-888-8888] is here to help you understand this increase and your options Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care
Insurance Company

Enclosures: Personalized Options Form

Policy Change Options

If you decide that you would like to reduce your available benefits in order to reduce the premium increase, there are several options available to you.

Each option should be viewed in light of your individual insurance needs and financial situation, and you should consult with family members and advisors before making a change. Please be advised that, once you make an election that results in a reduction of your benefits, you may not be able to increase your benefits at a later time, even if you offer to pay the increased premium amount that results from the coming premium increase.

The following options can help offset your premium increase ¹:

- Reduce the **maximum amount the policy will pay** for each month/day of your care (Maximum Daily/Monthly Limit). ²
- Reduce the **minimum length of time your policy will pay benefits**³ once you begin to use benefits (Benefit Period). This will reduce the total amount of benefits payable under your policy (Benefit Account Value).
- Increase the **length of time you'll pay for your care** before the policy begins to pay benefits (Elimination Period or Beginning Date).
- [Reduce the **amount that your Daily/Monthly Limit increases each year** (inflation protection).]
- **[Drop your current inflation protection.]**
- **Stop paying policy premiums and keep a reduced policy.** ([Contingent Benefit Upon Lapse/Non-Forfeiture Option].) This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. [This option is only available within 120 days of the premium increase effective date.] By electing this option you will be significantly reducing your policy benefits so careful consideration should be given
- **[Drop your Non-Forfeiture benefit]**
- **[Drop your Survivorship benefit]**

¹ Please refer to your policy for definitions of the terms included in these options.

² If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

³ If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

Important Information: As you consider reducing your benefits, it's very important to understand the impact the change will have if you need to utilize your coverage in the future. The costs of care are rising and are expected to continue to rise. By reducing benefits, you are reducing the coverage that will be available to pay for future care. Please go to www.northwesternmutual.com/costofcare to view the average cost of care in your state.

Please be aware that the changes listed above may not be of equal value. For more details please review the New Premium listed for each available change on Personalized Options Form.

You have the right to a revised rate or premium schedule upon request.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Important Information Regarding [Contingent Benefit Upon Lapse/Non-Forfeiture Option]

If you allow your policy to lapse [within 120 days of your policy anniversary date of **[anniversary date]**] we will reduce your policy limit (Benefit Account Value) and convert your policy to a paid-up status with no future payment of premiums required. By exercising this option you are significantly reducing your policy benefits so you should give careful consideration to the terms of this option before selecting it. The following terms apply if you exercise this [Contingent Benefit Upon Lapse/Non-Forfeiture Option]:

- No benefits will be paid in excess of your new Benefit Account Value. The new Benefit Account Value will be equal to the total amount of premiums you have paid and no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Benefits will be paid subject to the [Maximum Daily Limit] / [Maximum Monthly Limit] benefit levels (and other coverage limits) in effect at the time you convert your policy to paid-up status.
- All optional additional benefit riders will automatically terminate.
- [No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]
- All other applicable policy provisions, conditions, and limitations will remain in effect.
- In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy.

Since you are currently receiving not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated below will become payable in the future if you recover and the Waiver of Premium provision is no longer in effect.

About this Increase

When your premium was originally determined, it was based in part on assumptions about how long policies stay in force, which includes mortality (that rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual experience has been significantly different. Policies are staying in force longer because people are living longer and more people are keeping their policies in force rather than voluntarily lapsing them. This means that more insureds are reaching typical long-term care ages, ultimately leading to more claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Important information about the premium increase for your policy is provided in the following chart.

Premium and Benefit Breakdown

POLICY BENEFIT	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx] [With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00]	[00/00/0000]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

Understanding your options

In the event that you recover and premium payments become payable we will contact you at least 75 days before premiums resume to provide you with the option to reduce your benefits to help offset the premium increase. The availability of these options will vary according to the specifics of the policy you purchased, changes made during the lifetime of the policy, and benefits you have received. In the event of a future increase, similar options will be available to you. Policy change options may include:

- Reducing the maximum amount the policy will pay for each month/day of care
- Reducing the minimum length of time your policy will pay benefits
- Increasing the length of time you'll pay for your care
- Changes to inflation protection you may have purchased
- Removing additional benefits you may have purchased such as Non-Forfeiture or Survivorship benefits
- Stopping paying premiums and keep a reduced policy (Contingent Benefit Upon Lapse). This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. This option is only available within 120 days of the premium increase effective date.

***Important information:* The options described above may not be of equal value. In the case of a partnership policy, some benefit reduction options may result in the loss of partnership status that may reduce policyholder protections. You have the right to a revised rate or premium schedule upon request.**

For further assistance

Our dedicated customer care team at [888-888-8888] is here to help you with any questions you have about this increase Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care Insurance Company

Statement of Variability

For Form 90-2578 LTC (0417)

Provision	Variability
[Month DD, YYYY]	Date letter is printed
[LIFE ADDRESS1] [LIFE ADDRESS2] [LIFE ADDRESS3] [LIFE ADDRESS4]	Name and address of policy owner/insured
[LifeFname LifeLname]	Name of policy owner/insured
LTC[Policy Number]	Policy number of contract
ISA[#####]	Insurance Service Account number
[As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx Without the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount without the current annual increase amounts. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx With the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount with the current annual increase amounts. Varies by policy options chosen by the insured.
CURRENT [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
CURRENT [MODE] PREMIUM [\$00,000.00]	The current cost of the individual base insurance and additional benefit components of the contract. Varies by policy options chosen by the insured.
NEW [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
NEW [MODE] PREMIUM [\$00,000.00]	The cost of the individual base insurance and additional benefit components of the contract after the increase is applied. Varies by policy options chosen by the insured.
PREMIUM INCREASE AMOUNT [\$0,000.00]	The dollar amount of the premium increase. Varies by policy options chosen by the insured. The percentage of the premium increase that is being applied to the policy.

[00%]	
EFFECTIVE DATE [00/00/0000]	The date the premium increase is effective on the policy
[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[To date you have declined one AAPB increase.]	Will display if the policy has the Annual Automatic Purchase Benefit and the insured has elected to use one of two available refusal options. Varies by policy options chosen by the insured.
[After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[anniversary date]	The anniversary date of the policy.
[25 days prior to anniversary date]	A calculated field which is 25 days prior to the anniversary date
[888-888-8888]	A dedicated phone number is being established for any questions or concerns regarding the rate increase.
Next Steps – Decision required by [include anniversary date] <i>NO ACTION is needed if you decide to accept the premium increase.</i> If we do not hear from you about electing a policy change option by [anniversary date], we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [anniversary date] to revise the payment amount. <i>ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to</i>	If a policy is in a non-premium paying status because a policy is on Claim, this entire section will NOT be included. This section will always be included when the policy is in regular premium paying status.

<p><i>reduce benefits to offset the impact of the premium increase:</i></p> <ul style="list-style-type: none"> • Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by [anniversary date]. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before [25 days prior to anniversary date]. However if we receive your change request by [anniversary date] we will make the change and send you a revised premium notice. • Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at 888-888-8888. <p>Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Personalized Options Form.</p>	
<p>[Contingent Benefit Upon Lapse/Non-Forfeiture Option]</p>	<p>Contingent Benefit Upon Lapse (CBUL) will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.</p>
<p>[Reduce the amount that your Daily/Monthly Limit increases each year (inflation protection).]</p>	<p>This statement will only be included if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.</p>
<p>[Drop your current inflation protection.]</p>	<p>This statement will only be included if the policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.</p>

[30 times the daily nursing home benefit/the maximum monthly]	Policies in the RR and RS series have daily benefit limits, policies in the TT series have monthly benefit limits.
[This option is only available within 120 days of the premium increase effective date.]	This statement will only be included if a policy has not had the Non-forfeiture benefit from the policy effective date. (NFB is allowed to be activated at any time) Varies by policy options chosen by the insured.
[Drop your Non-forfeiture benefit]	This statement will only be included if the policy has the Non-forfeiture benefit. Varies by policy options chosen by the insured.
[Drop your Survivorship benefit]	This statement will only be included if the policy has the Survivorship benefit. Varies by policy options chosen by the insured.
[anniversary date]	The anniversary date of the policy.
[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]	Partnership Disclosure Language will display for policies that are partnership qualified when a change to inflation protection is illustrated in the LTC Options Form
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Contingent Benefit Upon Lapse will be displayed if the policy has not had the NFB option for the life of their policy (since issue date). Non-forfeiture will be displayed in the policy has had the NFB option for the life of the policy. Varies by policy options chosen by the insured.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]	This statement will display for policies that have the Automatic Benefit Increase or the Automatic Additional Purchase Benefit on the policy. Varies by policy options chosen by the insured.
90-2579 LTC Options Form (04/17)starts here	
[include date]	Policy Anniversary Date
[888-888-8888]	A dedicated phone number is being established for any questions or concerns regarding the rate increase.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[MDL/MML]	The MDL or MML of the policy. Varies by policy options chosen by the insured.

Current Benefit [\$00,000.00]	The current benefit on the policy. Varies by change type and policy options chosen by the insured.
New Benefit [\$00,000.00]	The new benefit on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Benefit [Already at State Minimum]	This statement will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured. RR and RS policies have a minimum daily benefit \$60. TT policies have a minimum monthly benefit \$1,500
New Premium [\$00,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Premium [N/A]	N/A will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [Lifetime / Unlimited Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [6 year Benefit Period.] [\$MML/\$MDL] x [72 months or 6*365 days]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Calculation used to determine the 6 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [3 year Benefit Period]	The benefit period on the policy.
New Benefit [Already at minimum available Benefit Period]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
New Premium [N/A]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
Policy Benefit Change [Inflation Protection]	Will only be included if a policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.
Description [Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their	This option will be shown if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.

amounts as of the effective date of the policy change.]	
Description [Decline AAPB]	This option will be shown if the policy has AAPB and no prior refusals. The policy change option will show the policy change to refuse the current anniversary increase. Increase offers would occur the following anniversary and subsequent years until a second refusal was processed. Varies by policy options chosen by the insured.
Description [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]	This option will be shown if the policy has AAPB and has had one prior refusal. The policy change option will show the policy change to refuse the current anniversary increase. No further increases would be offered. Varies by policy options chosen by the insured.
Current Benefit [Automatic Benefit Increase (ABI) [5][x]%]	Displays if the policy has the ABI inflation protection Option. Will also display the percentage of the Inflation protection. Varies by policy options chosen by the insured.
Current Benefit [Automatic Additional Purchase Benefit (AAPB)]	Displays if the policy has the AAPB inflation protection option. Varies by policy options chosen by the insured.
New Benefit [ABI 4%] [ABI 3%] [AAPB at your current benefit amount] [\$00,000.00]. [AAPB with no further increases] [\$00,000.00].	Will display based on the type of policy change applied. Varies by change type and policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [6 year Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [3 year Benefit Period.] [\$MML/\$MDL] x [36 months or 3*365 days] = Benefit Account Value (BAV) of \$00,000.00]	Calculation used to determine the 3 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	CBUL will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.
Description [within 120 days of due date]	This statement will display if CBUL applies to the policy.
Current Benefit Benefit Account Value of [\$00,000.00]	Will display the current BAV on the policy. Varies by policy options chosen by the insured.

New Benefit Reduced Benefit Account Value [\$00,000.00]	Will display the account value if the insured elects to activate NFB/CNFB as of the anniversary date of the policy. Varies by policy options chosen by the insured.
[anniversary date]	Policy Anniversary date
[anniversary date]	Policy Anniversary date
[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]	Partnership Disclosure Language will display for policies that are partnership qualified when a change to inflation protection is illustrated in the LTC Options Form
[Policyowner Name]	Name of policyowner/insured
LTC[xxxxxxxx]	Policy number of contract

Statement of Variability

For Form 90-2578 LTC (Waiver) (0417)

Provision	Variability
[Month DD, YYYY]	Date letter is printed
[LIFE ADDRESS1] [LIFE ADDRESS2] [LIFE ADDRESS3] [LIFE ADDRESS4]	Name and address of policy owner/insured
[LifeFname LifeLname]	Name of policy owner/insured
LTC[Policy Number]	Policy number of contract
ISA[#####]	Insurance Service Account number
[MML/MDL]	Will display the MML or MDL if the when the benefit is Maximum Monthly Limit or Maximum Daily Limit. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx Without the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount without the current annual increase amounts. Varies by policy options chosen by the insured.
[\$xx,xxx]	Will display the dollar amount of the maximum benefit limit including current annual increase.
[With the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit
CURRENT [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
CURRENT [MODE] PREMIUM [\$00,000.00]	The current cost of the individual base insurance and additional benefit components of the contract. Varies by policy options chosen by the insured.
NEW [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
NEW [MODE] PREMIUM [\$00,000.00]	The cost of the individual base insurance and additional benefit components of the contract after the increase is applied. Varies by policy options chosen by the insured.
PREMIUM INCREASE AMOUNT [\$0,000.00]	The dollar amount of the premium increase. Varies by policy options chosen by the insured.
EFFECTIVE DATE [00/00/0000]	The date the premium increase is effective on the policy



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy. We value you as a policyowner and understand that a premium increase may be unsettling. Please know that we are committed to helping you understand your options so that you can make the best decision for you. Please read this letter carefully and in its entirety. It contains important information about your coverage and the benefit options available to you.

About this Increase

When your premium was originally determined, it was based in part on assumptions about how long policies stay in force, which includes mortality (that rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual experience has been significantly different. Policies are staying in force longer because people are living longer and more people are keeping their policies in force rather than voluntarily lapsing them. This means that more insureds are reaching typical long-term care ages, ultimately leading to more claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Important information about the premium increase for your policy is provided in the following chart. [As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]

Premium and Benefit Breakdown

[POLICY BENEFIT]	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx Without the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$0,000.00] [00%]	[00/00/0000]
[MML/MDL] [\$xx,xxx With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00] [00%]	[00/00/0000]

[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.] [To date you have declined one AAPB increase.] [After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia as authorized by the Virginia Bureau of Insurance. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy. In the event of a future increase, similar options will be available to you. The option to reduce benefits is available at any time.

Understanding your Options

If you do not want to or cannot pay the increased premium, you have several options available to help reduce the impact of the increase.

- **Policy Change Options:** We've included a detailed list of policy change options that are available to help offset the premium increase. These options involve reducing the level of benefits available under your policy with a corresponding reduction in your premium.
- **Personalized Options Form:** We've also provided you with an illustration of your current key policy benefits that shows how your premium would change if you elect to reduce one of these benefits.
- **Need Assistance:** If you would like to see what your premium would be if you made more than one change to your policy, or you want to consider changing a benefit not illustrated in the Personalized Options Form, **please contact our customer care team at [888-888-8888]**. We will be happy to provide you with this information and answer questions about these options.

We recommend that you review all options available to you, including paying the increased premium and reducing your available benefits, with your family members and financial advisor to determine the approach that is most appropriate to your needs. You may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state if you need additional counseling to determine how to proceed. Please go to www.shiptalk.org to find the nearest SHIP to you.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

Next Steps – Decision required by [anniversary date]

NO ACTION is needed if you decide to accept the premium increase. If we do not hear from you about electing a policy change option by [anniversary date], we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [anniversary date] to revise the payment amount.

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by [anniversary date]. You will receive a premium notice reflecting

the increased premium prior to your anniversary date unless you make a change before [25 days prior to anniversary date]. However if we receive your change request by [anniversary date] we will make the change and send you a revised premium notice.

- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at [888-888-8888].
- Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Policy Change Options sections.]]

Importance of LTC Insurance

The need for care can be one of the most significant challenges a person can face, both personally and financially. We have seen the difference this insurance has made in the lives of our customers and their family members. Although the cost for this insurance is increasing, it provides valuable coverage that may not be available from health insurance or government programs.

For Further Assistance

We are committed to ensuring that long-term care benefits will be available to you when you need them. Our dedicated customer care team at [888-888-8888] is here to help you understand this increase and your options Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care
Insurance Company

Enclosures: Personalized Options Form

Policy Change Options

If you decide that you would like to reduce your available benefits in order to reduce the premium increase, there are several options available to you.

Each option should be viewed in light of your individual insurance needs and financial situation, and you should consult with family members and advisors before making a change. Please be advised that, once you make an election that results in a reduction of your benefits, you may not be able to increase your benefits at a later time, even if you offer to pay the increased premium amount that results from the coming premium increase.

The following options can help offset your premium increase ¹:

- Reduce the **maximum amount the policy will pay** for each month/day of your care (Maximum Daily/Monthly Limit). ²
- Reduce the **minimum length of time your policy will pay benefits**³ once you begin to use benefits (Benefit Period). This will reduce the total amount of benefits payable under your policy (Benefit Account Value).
- Increase the **length of time you'll pay for your care** before the policy begins to pay benefits (Elimination Period or Beginning Date).
- [Reduce the **amount that your Daily/Monthly Limit increases each year** (inflation protection).]
- **[Drop your current inflation protection.]**
- **Stop paying policy premiums and keep a reduced policy.** ([Contingent Benefit Upon Lapse/Non-Forfeiture Option].) This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. [This option is only available within 120 days of the premium increase effective date.] By electing this option you will be significantly reducing your policy benefits so careful consideration should be given
- **[Drop your Non-Forfeiture benefit]**
- **[Drop your Survivorship benefit]**

¹ Please refer to your policy for definitions of the terms included in these options.

² If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

³ If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

Important Information: As you consider reducing your benefits, it's very important to understand the impact the change will have if you need to utilize your coverage in the future. The costs of care are rising and are expected to continue to rise. By reducing benefits, you are reducing the coverage that will be available to pay for future care. Please go to www.northwesternmutual.com/costofcare to view the average cost of care in your state.

Please be aware that the changes listed above may not be of equal value. For more details please review the New Premium listed for each available change on Personalized Options Form.

You have the right to a revised rate or premium schedule upon request.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Important Information Regarding [Contingent Benefit Upon Lapse/Non-Forfeiture Option]

If you allow your policy to lapse [within 120 days of your policy anniversary date of **[anniversary date]**] we will reduce your policy limit (Benefit Account Value) and convert your policy to a paid-up status with no future payment of premiums required. By exercising this option you are significantly reducing your policy benefits so you should give careful consideration to the terms of this option before selecting it. The following terms apply if you exercise this [Contingent Benefit Upon Lapse/Non-Forfeiture Option]:

- No benefits will be paid in excess of your new Benefit Account Value. The new Benefit Account Value will be equal to the total amount of premiums you have paid and no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Benefits will be paid subject to the [Maximum Daily Limit] / [Maximum Monthly Limit] benefit levels (and other coverage limits) in effect at the time you convert your policy to paid-up status.
- All optional additional benefit riders will automatically terminate.
- [No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]
- All other applicable policy provisions, conditions, and limitations will remain in effect.
- In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	<p>Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect.</p> <p>Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.</p>	<p>[\$00,000.00]</p> <p>Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.</p>	<p>[\$00,000.00]</p> <p>[Already at State Minimum]</p>	<p>[\$00,000.00]</p> <p>[N/A]</p>	<input type="checkbox"/>

[Benefit Period]	[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period). Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).	[Lifetime / Unlimited Benefit]	[6 year Benefit Period.] [\$MML/\$MDL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$0,000.00]	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period) Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	
[Inflation Protection]	[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]	[Automatic Benefit Increase (ABI) [5][x]%] [Automatic Additional Purchase Benefit (AAPB)]	[ABI 4%] [ABI 3%] [AAPB at your current benefit amount] [\$0,000.00] [AAPB with no further increases] [\$0,000.00]	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	[Reduce the minimum length of time your policy will pay benefits.] Note: This will reduce the total amount of benefits	[6 year Benefit]	[3 year Benefit Period.] [\$MML/\$MDL] x [36 months or 3*365 days]	[\$0,000.00]	<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		= Benefit Account Value (BAV) of \$00,000.00]		
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit. This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by **[anniversary date]** and the changes will be effective as of your policy anniversary date of **[anniversary date]**. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter along with a new policy specification pages to keep with your policy contract.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxx]

Signature of Policyowner: _____

Date: _____



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]

[LIFE ADDRESS2]

[LIFE ADDRESS3]

[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy.

Since you are currently receiving not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated below will become payable in the future if you recover and the Waiver of Premium provision is no longer in effect.

About this Increase

When your premium was originally determined, it was based in part on assumptions about how long policies stay in force, which includes mortality (that rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual experience has been significantly different. Policies are staying in force longer because people are living longer and more people are keeping their policies in force rather than voluntarily lapsing them. This means that more insureds are reaching typical long-term care ages, ultimately leading to more claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Important information about the premium increase for your policy is provided in the following chart.

Premium and Benefit Breakdown

POLICY BENEFIT	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx] [With the	[\$00,000.00]	[\$00,000.00]	[\$00,000.00]	[00/00/0000]

AAPB increase]				
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It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

Understanding your options

In the event that you recover and premium payments become payable we will contact you at least 75 days before premiums resume to provide you with the option to reduce your benefits to help offset the premium increase. The availability of these options will vary according to the specifics of the policy you purchased, changes made during the lifetime of the policy, and benefits you have received. In the event of a future increase, similar options will be available to you. Policy change options may include:

- Reducing the maximum amount the policy will pay for each month/day of care
- Reducing the minimum length of time your policy will pay benefits
- Increasing the length of time you'll pay for your care
- Changes to inflation protection you may have purchased
- Removing additional benefits you may have purchased such as Non-Forfeiture or Survivorship benefits
- Stopping paying premiums and keep a reduced policy (Contingent Benefit Upon Lapse)

Important information: The options described above may not be of equal value. In the case of a partnership policy, some benefit reduction options may result in the loss of partnership status that may reduce policyholder protections. You have the right to a revised rate or premium schedule upon request.

For further assistance

Our dedicated customer care team at [888-888-8888] is here to help you with any questions you have about this increase Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care Insurance Company

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds Affected:

New Rates
Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
RS.LTC.(1101) (post-rate stabilization) RS.LTC.(0807) RS.LTC.(0708)	QuietCare RS QuietCare RS QuietCare RS

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy.

Since you are currently receiving benefits and not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated below will become payable in the future if and when your claim for benefits ends and the Waiver of Premium provision is no longer in effect.

About this Increase

Our rates are based in part on assumptions about policy persistency (how long policies stay in force), which includes mortality (the rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual mortality and voluntary lapses have been lower than originally assumed meaning that more insureds are reaching typical long-term care ages, ultimately leading to more incurred claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded.

Important information about the premium increase for your policy is provided in the following chart.

Premium and Benefit Breakdown

[POLICY BENEFIT]	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00]	[00/00/0000]

[\$xx,xxx With the AAPB increase]				
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It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners in your state as authorized by your state’s department of insurance. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy.

Understanding your options

No policy changes are available while you are receiving benefits and not paying premiums due to the Waiver of Premium provision in your policy. We will contact you at least 75 days before premiums become payable if and when your claim for benefits ends. At that time, there may be policy options available to help offset the premium increase; the availability of these options will vary according to the specifics of the policy you purchased, changes made during the lifetime of the policy, and benefits you have received. Policy change options may include:

- Reducing the maximum amount the policy will pay for each month/day of care
- Reducing the minimum length of time your policy will pay benefits
- Increasing the length of time you’ll pay for your care
- Changes to inflation protection you may have purchased
- Removing additional benefits you may have purchased such as Non-Forfeiture or Survivorship benefits

For further assistance

Our dedicated customer care team at [888-888-8888] is here to help you with any questions you have about this increase Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/lc for more information.

Sincerely,



Kamilah Williams-Kemp
 President and Chief Executive Officer
 Northwestern Long Term Care
 Insurance Company

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds Affected:

New Rates
Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
RS.LTC.(1101) (post-rate stabilization) RS.LTC.(0807) RS.LTC.(0708)	QuietCare RS QuietCare RS QuietCare RS

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Statement of Variability

For Form 90-2578 LTC (0417)

Provision	Variability
[Month DD, YYYY]	Date letter is printed
[LIFE ADDRESS1] [LIFE ADDRESS2] [LIFE ADDRESS3] [LIFE ADDRESS4]	Name and address of policy owner/insured
[LifeFname LifeLname]	Name of policy owner/insured
LTC[Policy Number]	Policy number of contract
ISA[#####]	Insurance Service Account number
[As a reminder, your policy has the Automatic Additional Purchase Benefit provision that helps keep your coverage in line with rising costs of long-term care. The increased values and premium for the scheduled increase is also included below.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx Without the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount without the current annual increase amounts. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx With the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount with the current annual increase amounts. Varies by policy options chosen by the insured.
CURRENT [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
CURRENT [MODE] PREMIUM [\$00,000.00]	The current cost of the individual base insurance and additional benefit components of the contract. Varies by policy options chosen by the insured.
NEW [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
NEW [MODE] PREMIUM [\$00,000.00]	The cost of the individual base insurance and additional benefit components of the contract after the increase is applied. Varies by policy options chosen by the insured.
PREMIUM INCREASE AMOUNT [\$0,000.00]	The dollar amount of the premium increase. Varies by policy options chosen by the insured.
EFFECTIVE DATE [00/00/0000]	The date the premium increase is effective on the policy
[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.

<p>completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.]</p>	
<p>[To date you have declined one AAPB increase.]</p>	<p>Will display if the policy has the Annual Automatic Purchase Benefit and the insured has elected to use one of two available refusal options. Varies by policy options chosen by the insured.</p>
<p>[After two AABP increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]</p>	<p>Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.</p>
<p>[anniversary date]</p>	<p>The anniversary date of the policy.</p>
<p>[25 days prior to anniversary date]</p>	<p>A calculated field which is 25 days prior to the anniversary date</p>
<p>[888-888-8888]</p>	<p>A dedicated phone number is being established for any questions or concerns regarding the rate increase.</p>
<p>Next Steps – Decision required by [include anniversary date] <i>NO ACTION is needed if you decide to accept the premium increase.</i> If we do not hear from you about electing a policy change option by [anniversary date], we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [anniversary date] to revise the payment amount. <i>ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:</i></p> <ul style="list-style-type: none"> • Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in 	<p>If a policy is in a non-premium paying status because a policy is on Claim, this entire section will NOT be included.</p> <p>This section will always be included when the policy is in regular premium paying status.</p>

<p>the enclosed envelope by [anniversary date]. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before [25 days prior to anniversary date]. However if we receive your change request by [anniversary date] we will make the change and send you a revised premium notice.</p> <ul style="list-style-type: none"> • Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at 888-888-8888. <p>Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Personalized Options Form.</p>	
<p>[Contingent Benefit Upon Lapse/Non-Forfeiture Option]</p>	<p>Contingent Benefit Upon Lapse (CBUL) will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.</p>
<p>[Reduce the amount that your Daily/Monthly Limit increases each year (inflation protection).]</p>	<p>This statement will only be included if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.</p>
<p>[Drop your current inflation protection.]</p>	<p>This statement will only be included if the policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.</p>
<p>[30 times the daily nursing home benefit/the maximum monthly]</p>	<p>Policies in the RR and RS series have daily benefit limits, policies in the TT series have monthly benefit limits.</p>
<p>[This option is only available within 120 days of the premium increase effective date.]</p>	<p>This statement will only be included if a policy has not had the Non-forfeiture benefit from the policy effective date. (NFB is allowed to be activated at any time) Varies by policy options chosen by the insured.</p>
<p>[Drop your Non-forfeiture benefit]</p>	<p>This statement will only be included if the policy has the Non-forfeiture benefit. Varies by policy options chosen by the insured.</p>

[Drop your Survivorship benefit]	This statement will only be included if the policy has the Survivorship benefit. Varies by policy options chosen by the insured.
[anniversary date]	The anniversary date of the policy.
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Contingent Benefit Upon Lapse will be displayed if the policy has not had the NFB option for the life of their policy (since issue date). Non-forfeiture will be displayed in the policy has had the NFB option for the life of the policy. Varies by policy options chosen by the insured.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]	This statement will display for policies that have the Automatic Benefit Increase or the Automatic Additional Purchase Benefit on the policy. Varies by policy options chosen by the insured.
90-2578 LTC Options Form (0417) starts here	
[include date]	Policy Anniversary Date
[888-888-8888]	A dedicated phone number is being established for any questions or concerns regarding the rate increase.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[MDL/MML]	The MDL or MML of the policy. Varies by policy options chosen by the insured.
Current Benefit [\$00,000.00]	The current benefit on the policy. Varies by change type and policy options chosen by the insured.
New Benefit [\$00,000.00]	The new benefit on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Benefit [Already at State Minimum]	This statement will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured. RR and RS policies have a minimum daily benefit \$60. TT policies have a minimum monthly benefit \$1,500
New Premium [\$00,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Premium [N/A]	N/A will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [Lifetime / Unlimited Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [6 year Benefit Period.] [\$MML/\$MDL] x [72 months or 6*365 days]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Calculation used to determine the 6 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.

New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [3 year Benefit Period]	The benefit period on the policy.
New Benefit [Already at minimum available Benefit Period]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
New Premium [N/A]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
Policy Benefit Change [Inflation Protection]	Will only be included if a policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.
Description [Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.]	This option will be shown if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.
Description [Decline AAPB]	This option will be shown if the policy has AAPB and no prior refusals. The policy change option will show the policy change to refuse the current anniversary increase. Increase offers would occur the following anniversary and subsequent years until a second refusal was processed. Varies by policy options chosen by the insured.
Description [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]	This option will be shown if the policy has AAPB and has had one prior refusal. The policy change option will show the policy change to refuse the current anniversary increase. No further increases would be offered. Varies by policy options chosen by the insured.
Current Benefit [Automatic Benefit Increase (ABI) [5][x]%]	Displays if the policy has the ABI inflation protection Option. Will also display the percentage of the Inflation protection. Varies by policy options chosen by the insured.
Current Benefit [Automatic Additional Purchase Benefit (AAPB)]	Displays if the policy has the AAPB inflation protection option. Varies by policy options chosen by the insured.
New Benefit [ABI 4%] [ABI 3%] [AAPB at your current benefit amount] [\$00,000.00]. [AAPB with no further increases] [\$00,000.00].	Will display based on the type of policy change applied. Varies by change type and policy options chosen by the insured.

New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [6 year Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [3 year Benefit Period.] [\$MML/\$MDL] x [36 months or 3*365 days] = Benefit Account Value (BAV) of \$00,000.00]	Calculation used to determine the 3 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	CBUL will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.
Description [within 120 days of due date]	This statement will display if CBUL applies to the policy.
Current Benefit Benefit Account Value of [\$00,000.00]	Will display the current BAV on the policy. Varies by policy options chosen by the insured.
New Benefit Reduced Benefit Account Value [\$00,000.00]	Will display the account value if the insured elects to activate NFB/CNFB as of the anniversary date of the policy. Varies by policy options chosen by the insured.
[anniversary date]	Policy Anniversary date
[anniversary date]	Policy Anniversary date
[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]	Partnership Disclosure Language

Statement of Variability

For Form 90-2578 LTC (Waiver) (0417)

Provision	Variability
[Month DD, YYYY]	Date letter is printed
[LIFE ADDRESS1] [LIFE ADDRESS2] [LIFE ADDRESS3] [LIFE ADDRESS4]	Name and address of policy owner/insured
[LifeFname LifeLname]	Name of policy owner/insured
LTC[Policy Number]	Policy number of contract
ISA[#####]	Insurance Service Account number
[MML/MDL]	Will display the MML or MDL if the when the benefit is Maximum Monthly Limit or Maximum Daily Limit. Varies by policy options chosen by the insured.
[\$xx,xxx]	Will display the dollar amount of the maximum benefit limit including current annual increase.
[With the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit
CURRENT [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
CURRENT [MODE] PREMIUM [\$00,000.00]	The current cost of the individual base insurance and additional benefit components of the contract. Varies by policy options chosen by the insured.
NEW [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
NEW [MODE] PREMIUM [\$00,000.00]	The cost of the individual base insurance and additional benefit components of the contract after the increase is applied. Varies by policy options chosen by the insured.
PREMIUM INCREASE AMOUNT [\$0,000.00]	The dollar amount of the premium increase. Varies by policy options chosen by the insured.
EFFECTIVE DATE [00/00/0000]	The date the premium increase is effective on the policy



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy. We value you as a policyowner and understand that a premium increase may be unsettling. Please know that we are committed to helping you understand your options so that you can make the best decision for you. Please read this letter carefully and in its entirety. It contains important information about your coverage and the benefit options available to you.

About this Increase

Our rates are based in part on assumptions about policy persistency (how long policies stay in force), which includes mortality (the rate at which deaths occur) and lapses (the rate at which insureds voluntarily terminate their policies). Actual mortality and voluntary lapses have been lower than originally assumed meaning that more insureds are reaching typical long-term care claim ages, ultimately leading to more incurred claims. As a result, premiums must be adjusted to ensure current and future claims are adequately funded. Important information about the premium increase for your policy is provided in the following chart. [As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]

Premium and Benefit Breakdown

[POLICY BENEFIT]	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx Without the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$0,000.00] [00%]	[00/00/0000]
[MML/MDL] [\$xx,xxx With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00] [00%]	[00/00/0000]

[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.] [To date you have declined one AAPB increase.] [After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia as authorized by the Virginia Bureau of Insurance. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy. In the event of a future increase, similar options will be available to you. The option to reduce benefits is available at any time.

[No action is needed while your premium is being waived. Since you are currently receiving benefits and not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated above will become payable in the future if and when your claim for benefits ends and the Waiver of Premium provision is no longer in effect.]

Understanding your Options

If you do not want to or cannot pay the increased premium, you have several options available to help reduce the impact of the increase.

- **Policy Change Options:** We've included a detailed list of policy change options that are available to help offset the premium increase. These options involve reducing the level of benefits available under your policy with a corresponding reduction in your premium.
- **Personalized Options Form:** We've also provided you with an illustration of your current key policy benefits that shows how your premium would change if you elect to reduce one of these benefits.
- **Need Assistance:** If you would like to see what your premium would be if you made more than one change to your policy, or you want to consider changing a benefit not illustrated in the Personalized Options Form, **please contact our customer care team at [888-888-8888]**. We will be happy to provide you with this information and answer questions about these options.

We recommend that you review all options available to you, including paying the increased premium and reducing your available benefits, with your family members and financial advisor to determine the approach that is most appropriate to your needs. You may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state if you need additional counseling to determine how to proceed. Please go to www.shiptalk.org to find the nearest SHIP to you.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

[Next Steps – Decision required by [include anniversary date]

NO ACTION is needed if you decide to accept the premium increase. If we do not hear from you about electing a policy change option by **[anniversary date]**, we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to **[anniversary date]** to revise the payment amount.

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by **[anniversary date]**. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before **[25 days prior to anniversary date]**. However if we receive your change request by **[anniversary date]** we will make the change and send you a revised premium notice.
- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at [888-888-8888].
- Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Policy Change Options sections.]]

Importance of LTC Insurance

The need for care can be one of the most significant challenges a person can face, both personally and financially. We have seen the difference this insurance has made in the lives of our customers and their family members. Although the cost for this insurance is increasing, it provides valuable coverage that may not be available from health insurance or government programs.

For Further Assistance

We are committed to ensuring that long-term care benefits will be available to you when you need them. Our dedicated customer care team at [888-888-8888] is here to help you understand this increase and your options Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care
Insurance Company

Enclosures: Personalized Options Form

Policy Change Options

If you decide that you would like to reduce your available benefits in order to reduce the premium increase, there are several options available to you.

Each option should be viewed in light of your individual insurance needs and financial situation, and you should consult with family members and advisors before making a change. Please be advised that, once you make an election that results in a reduction of your benefits, you may not be able to increase your benefits at a later time, even if you offer to pay the increased premium amount that results from the coming premium increase.

The following options can help offset your premium increase ¹:

- Reduce the **maximum amount the policy will pay** for each month/day of your care (Maximum Daily/Monthly Limit). ²
- Reduce the **minimum length of time your policy will pay benefits**³ once you begin to use benefits (Benefit Period). This will reduce the total amount of benefits payable under your policy (Benefit Account Value).
- Increase the **length of time you'll pay for your care** before the policy begins to pay benefits (Elimination Period or Beginning Date).
- [Reduce the **amount that your Daily/Monthly Limit increases each year** (inflation protection).]
- [**Drop your current inflation protection.**]
- **Stop paying policy premiums and keep a reduced policy.** ([Contingent Benefit Upon Lapse/Non-Forfeiture Option].) This benefit is based on premiums paid to date but will be no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. [This option is only available within 120 days of the premium increase effective date.] By electing this option you will be significantly reducing your policy benefits so careful consideration should be given
- [**Drop your Non-Forfeiture benefit**]
- [**Drop your Survivorship benefit**]

Important Information: As you consider reducing your benefits, it's very important to understand the impact the change will have if you need to utilize your coverage in the future.

¹ Please refer to your policy for definitions of the terms included in these options.

² If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

³ If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

The costs of care are rising and are expected to continue to rise. By reducing benefits, you are reducing the coverage that will be available to pay for future care. Please go to www.northwesternmutual.com/costofcare to view the average cost of care in your state.

Please be aware that the changes listed above may not be of equal value. For more details please review the New Premium listed for each available change on Personalized Options Form.

You have the right to a revised rate or premium schedule upon request.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Important Information Regarding [Contingent Benefit Upon Lapse/Non-Forfeiture Option]

If you allow your policy to lapse [within 120 days of your policy anniversary date of [anniversary date]] we will reduce your policy limit (Benefit Account Value) and convert your policy to a paid-up status with no future payment of premiums required. By exercising this option you are significantly reducing your policy benefits so you should give careful consideration to the terms of this option before selecting it. The following terms apply if you exercise this [Contingent Benefit Upon Lapse/Non-Forfeiture Option]:

- No benefits will be paid in excess of your new Benefit Account Value. The new Benefit Account Value will be equal to the total amount of premiums you have paid and no less than [30 times the daily nursing home benefit/the maximum monthly benefit] at the time of lapse; in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Benefits will be paid subject to the [Maximum Daily Limit] / [Maximum Monthly Limit] benefit levels (and other coverage limits) in effect at the time you convert your policy to paid-up status.
- All optional additional benefit riders will automatically terminate.
- [No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]
- All other applicable policy provisions, conditions, and limitations will remain in effect.
- In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy. We value you as a policyowner and understand that a premium increase may be unsettling. Please know that we are committed to helping you understand your options so that you can make the best decision for you. Please read this letter carefully and in its entirety. It contains important information about your coverage and the benefit options available to you.

About this Increase

Thanks to medical advances, people are living longer today than ever before. While this is something we are thankful for, it has increased the anticipated cost of future LTC claims for the industry as a whole and NLTC. Our analysis shows that unfortunately, claims are now anticipated to be significantly higher than we originally projected when we determined the premium for your policy.

Important information about the premium increase for your policy is provided in the following chart. [As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]

Premium and Benefit Breakdown

[POLICY BENEFIT]	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx Without the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$0,000.00] [00%]	[00/00/0000]
[MML/MDL] [\$xx,xxx With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00] [00%]	[00/00/0000]

[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.] [To date you have declined one AAPB increase.] [After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia as authorized by the Virginia Bureau of Insurance. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy. In the event of a future increase, similar options will be available to you. The option to reduce benefits is available at any time.

[No action is needed while your premium is being waived. Since you are currently receiving benefits and not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated above will become payable in the future if and when your claim for benefits ends and the Waiver of Premium provision is no longer in effect.]

Understanding your Options

If you do not want to or cannot pay the increased premium, you have several options available to help reduce the impact of the increase.

- **Policy Change Options:** We've included a detailed list of policy change options that are available to help offset the premium increase. These options involve reducing the level of benefits available under your policy with a corresponding reduction in your premium.
- **Personalized Options Form:** We've also provided you with an illustration of your current key policy benefits that shows how your premium would change if you elect to reduce one of these benefits.
- **Need Assistance:** If you would like to see what your premium would be if you made more than one change to your policy, or you want to consider changing a benefit not illustrated in the Personalized Options Form, **please contact our customer care team at [888-888-8888]**. We will be happy to provide you with this information and answer questions about these options.

We recommend that you review all options available to you, including paying the increased premium and reducing your available benefits, with your family members and financial advisor to determine the approach that is most appropriate to your needs. You may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state if you need additional counseling to determine how to proceed. Please go to www.shiptalk.org to find the nearest SHIP to you.

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

[Next Steps – Decision required by [include anniversary date]

NO ACTION is needed if you decide to accept the premium increase. If we do not hear from you about electing a policy change option by **[anniversary date]**, we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to **[anniversary date]** to revise the payment amount.

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by **[anniversary date]**. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before **[25 days prior to anniversary date]**. However if we receive your change request by **[anniversary date]** we will make the change and send you a revised premium notice.
- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at [888-888-8888].
- Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Personalized Options Form.]

Importance of LTC Insurance

The need for care can be one of the most significant challenges a person can face, both personally and financially. We have seen the difference this insurance has made in the lives of our customers and their family members. Although the cost for this insurance is increasing, it provides valuable coverage that may not be available from health insurance or government programs.

For Further Assistance

We are committed to ensuring that long-term care benefits will be available to you when you need them. Our dedicated customer care team at [888-888-8888] is here to help you understand this increase and your options Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care
Insurance Company

[Enclosures: Personalized Options Form]

Policy Change Options

If you decide that you would like to reduce your available benefits in order to reduce the premium increase, there are several options available to you.

Each option should be viewed in light of your individual insurance needs and financial situation, and you should consult with family members and advisors before making a change. Please be advised that, once you make an election that results in a reduction of your benefits, you may not be able to increase your benefits at a later time, even if you offer to pay the increased premium amount that results from the coming premium increase.

The following options can help offset your premium increase ¹:

- Reduce the **maximum amount the policy will pay** for each month/day of your care (Maximum Daily/Monthly Limit). ²
- Reduce the **minimum length of time your policy will pay benefits**³ once you begin to use benefits (Benefit Period). This will reduce the total amount of benefits payable under your policy (Benefit Account Value).
- Increase the **length of time you'll pay for your care** before the policy begins to pay benefits (Elimination Period or Beginning Date).
- [Reduce the **amount that your Daily/Monthly Limit increases each year** (inflation protection).]
- **[Drop your current inflation protection.]**
- **Stop paying policy premiums and keep a reduced policy.** ([Contingent Benefit Upon Lapse/Non-Forfeiture Option].) This benefit is based on premiums paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. [This option is only available within 120 days of the premium increase effective date.] By electing this option you will be significantly reducing your policy benefits so careful consideration should be given
- **[Drop your Non-Forfeiture benefit]**
- **[Drop your Survivorship benefit]**

Important Information: As you consider reducing your benefits, it's very important to understand the impact the change will have if you need to utilize your coverage in the future.

¹ Please refer to your policy for definitions of the terms included in these options.

² If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

³ If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

The costs of care are rising and are expected to continue to rise. By reducing benefits, you are reducing the coverage that will be available to pay for future care. Please go to www.northwesternmutual.com/costofcare to view the average cost of care in your state.

Please be aware that the changes listed above may not be of equal value. For more details please review the New Premium listed for each available change on Personalized Options Form.

You have the right to a revised rate or premium schedule upon request.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Important Information Regarding [Contingent Benefit Upon Lapse/Non-Forfeiture Option]

If you allow your policy to lapse [within 120 days of your policy anniversary date of [anniversary date]] we will reduce your policy limit (Benefit Account Value) and convert your policy to a paid-up status with no future payment of premiums required. By exercising this option you are significantly reducing your policy benefits so you should give careful consideration to the terms of this option before selecting it. The following terms apply if you exercise this [Contingent Benefit Upon Lapse/Non-Forfeiture Option]:

- No benefits will be paid in excess of your new Benefit Account Value. The new Benefit Account Value will be equal to the total amount of premiums you have paid for the policy, including any waived premiums and premiums paid for any optional additional benefits. Benefits will be paid subject to the [Maximum Daily Limit] / [Maximum Monthly Limit] benefit levels (and other coverage limits) in effect at the time you convert your policy to paid-up status.
- All optional additional benefit riders will automatically terminate.
- [No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]
- All other applicable policy provisions, conditions, and limitations will remain in effect.
- In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	<p>Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect.</p> <p>Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.</p>	<p>[\$00,000.00]</p> <p>Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.</p>	<p>[\$00,000.00]</p> <p>[Already at State Minimum]</p>	<p>[\$00,000.00]</p> <p>[N/A]</p>	<input type="checkbox"/>

[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period).</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[Lifetime / Unlimited Benefit]	<p>[6 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period)</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	<input type="checkbox"/>
[Inflation Protection]	<p>[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]</p>	<p>[Automatic Benefit Increase (ABI) [5][x]%]</p> <p>[Automatic Additional Purchase Benefit (AAPB)]</p>	<p>[ABI 4%]</p> <p>[ABI 3%]</p> <p>[AAPB at your current benefit amount] [\$00,000.00]</p> <p>[AAPB with no further increases] [\$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.]</p> <p>Note: This will reduce the total amount of benefits</p>	[6 year Benefit]	<p>[3 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [36 months or 3*365 days]</p>	[\$0,000.00]	<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		= Benefit Account Value (BAV) of \$00,000.00]		
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit equal to the total amount of premium you have paid since the inception of the policy. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by [anniversary date] and the changes will be effective as of your policy anniversary date of [anniversary date]. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter along with a new policy specification pages to keep with your policy contract.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxxx]

Signature of Policyowner: _____

Date: _____

Statement of Variability

For Form 90-2578 LTC (0417)

Provision	Variability
[Month DD, YYYY]	Date letter is printed
[LIFE ADDRESS1] [LIFE ADDRESS2] [LIFE ADDRESS3] [LIFE ADDRESS4]	Name and address of policy owner/insured
[LifeFname LifeLname]	Name of policy owner/insured
LTC[Policy Number]	Policy number of contract
ISA[#####]	Insurance Service Account number
[As a reminder, your policy has the Automatic Additional Purchase Benefit provision that helps keep your coverage in line with rising costs of long-term care. The increased values and premium for the scheduled increase is also included below.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx Without the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount without the current annual increase amounts. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx With the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount with the current annual increase amounts. Varies by policy options chosen by the insured.
CURRENT [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
CURRENT [MODE] PREMIUM [\$00,000.00]	The current cost of the individual base insurance and additional benefit components of the contract. Varies by policy options chosen by the insured.
NEW [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
NEW [MODE] PREMIUM [\$00,000.00]	The cost of the individual base insurance and additional benefit components of the contract after the increase is applied. Varies by policy options chosen by the insured.
PREMIUM INCREASE AMOUNT [\$0,000.00]	The dollar amount of the premium increase. Varies by policy options chosen by the insured.
EFFECTIVE DATE [00/00/0000]	The date the premium increase is effective on the policy
[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.

<p>enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.]</p>	
<p>[To date you have declined one AAPB increase.]</p>	<p>Will display if the policy has the Annual Automatic Purchase Benefit and the insured has elected to use one of two available refusal options. Varies by policy options chosen by the insured.</p>
<p>[After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]</p>	<p>Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.</p>
<p><i>[No action is needed while your premium is being waived.</i> Since you are currently receiving benefits and not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated above will become payable in the future if and when your claim for benefits ends and the Waiver of Premium provision is no longer in effect.]</p>	<p>This statement will be printed for policies that are in a non-premium paying status because a policy is on Claim.</p>
<p>[anniversary date]</p>	<p>The anniversary date of the policy.</p>
<p>[25 days prior to anniversary date]</p>	<p>A calculated field which is 25 days prior to the anniversary date</p>
<p>[888-888-8888]</p>	<p>A dedicated phone number is being established for any questions or concerns regarding the rate increase.</p>
<p>Next Steps – Decision required by [include anniversary date] <i>NO ACTION is needed if you decide to accept the premium increase.</i> If we do not hear from you about electing a policy change option by [anniversary date], we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [anniversary date] to revise the payment amount.</p>	<p>If a policy is in a non-premium paying status because a policy is on Claim, this section will NOT be included.</p>

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by **[anniversary date]**. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before [25 days prior to anniversary date]. However if we receive your change request by [anniversary date] we will make the change and send you a revised premium notice.
- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at 888-888-8888.

Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Personalized Options Form.

[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Contingent Benefit Upon Lapse (CBUL) will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.
[Enclosures: Policy Change Options and Personalized Options Form]	If a policy is in a non-premium paying status because a policy is on Claim, this section and the attachments will NOT be included.
[Reduce the amount that your Daily/Monthly Limit increases each year (inflation protection).]	This statement will only be included if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.

[Drop your current inflation protection.]	This statement will only be included if the policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.
[This option is only available within 120 days of the premium increase effective date.]	This statement will only be included if a policy has not had the Non-forfeiture benefit from the policy effective date. (NFB is allowed to be activated at any time) Varies by policy options chosen by the insured.
[Drop your Non-forfeiture benefit]	This statement will only be included if the policy has the Non-forfeiture benefit. Varies by policy options chosen by the insured.
[Drop your Survivorship benefit]	This statement will only be included if the policy has the Survivorship benefit. Varies by policy options chosen by the insured.
[policy anniversary]	The anniversary date of the policy.
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Contingent Benefit Upon Lapse will be displayed if the policy has not had the NFB option for the life of their policy (since issue date). Non-forfeiture will be displayed in the policy has had the NFB option for the life of the policy. Varies by policy options chosen by the insured.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]	This statement will display for policies that have the Automatic Benefit Increase or the Automatic Additional Purchase Benefit on the policy. Varies by policy options chosen by the insured.
Personalized Options Form starts here	
[include date]	Policy Anniversary Date
[888-888-8888]	A dedicated phone number is being established for any questions or concerns regarding the rate increase.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[MDL/MML]	The MDL or MML of the policy. Varies by policy options chosen by the insured.
Current Benefit [\$00,000.00]	The current benefit on the policy. Varies by change type and policy options chosen by the insured.
New Benefit [\$00,000.00]	The new benefit on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Benefit [Already at State Minimum]	This statement will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured.
New Premium [\$00,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Premium [N/A]	N/A will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.

Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [Lifetime / Unlimited Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [6 year Benefit Period.] [\$MML/\$MDL] x [72 months or 6*365 days]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Calculation used to determine the 6 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [3 year Benefit Period]	The benefit period on the policy.
New Benefit [Already at minimum available Benefit Period]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
New Premium [N/A]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
Policy Benefit Change [Inflation Protection]	Will only be included if a policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.
Description [Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.]	This option will be shown if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.
Description [Decline AAPB]	This option will be shown if the policy has AAPB and no prior refusals. The policy change option will show the policy change to refuse the current anniversary increase. Increase offers would occur the following anniversary and subsequent years until a second refusal was processed. Varies by policy options chosen by the insured.
Description [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]	This option will be shown if the policy has AAPB and has had one prior refusal. The policy change option will show the policy change to refuse the current anniversary increase. No further increases would be offered. Varies by policy options chosen by the insured.
Current Benefit [Automatic Benefit Increase (ABI) [5][x]%]	Displays if the policy has the ABI inflation protection Option. Will also display the percentage of the Inflation protection. Varies by policy options chosen by the insured.

Current Benefit [Automatic Additional Purchase Benefit (AAPB)]	Displays if the policy has the AAPB inflation protection option. Varies by policy options chosen by the insured.
New Benefit [ABI 4%] [ABI 3%] [AAPB at your current benefit amount] [\$00,000.00]. [AAPB with no further increases] [\$00,000.00].	Will display based on the type of policy change applied. Varies by change type and policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [6 year Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [3 year Benefit Period.] [\$MML/\$MDL] x [36 months or 3*365 days] = Benefit Account Value (BAV) of \$00,000.00]	Calculation used to determine the 3 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	CBUL will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.
Description [within 120 days of due date]	This statement will display if CBUL applies to the policy.
Current Benefit Benefit Account Value of [\$00,000.00]	Will display the current BAV on the policy. Varies by policy options chosen by the insured.
New Benefit Reduced Benefit Account Value [\$00,000.00]	Will display the account value if the insured elects to activate NFB/CNFB as of the anniversary date of the policy. Varies by policy options chosen by the insured.
[anniversary date]	Policy Anniversary date
[anniversary date]	Policy Anniversary date

**[May States][LONG TERM CARE
PARTNERSHIP POLICY CHANGE
DISCLOSURE**

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Partnership Disclosure Language

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

<u>Product Name</u>	<u>Policy Form Number</u>	<u>Issue Date Range*</u>
QuietCare RS	RS.LTC.(1101) & RS.LTC.(0807)	October 2003 – July 2008
QuietCare RS	RS.LTC.(0708)	July 2008 – October 2010 (*see exhibit 2 for state's ranges)

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1. Scope & Purpose

This memorandum consists of materials which support the development of new premium rates for the policy series forms listed on page 1. The purpose of this memorandum is to demonstrate that the requirements of this State in regards to an in force rate increase request have been met. This rate filing is not intended to be used for any other purpose.

2. Requested Rate Increase

The company is requesting an average rate increase of 27% with the rate increase varying by benefit period. The requested rate increase for 3 year benefit period is 10%, 6 year benefit period is 25% and lifetime benefit period is 30%. Rates are not being increased for issue age 75+ policies with 3 year benefit period to ensure that inforce rates do not exceed new issue business rates. The rate increases adhere to the following restrictions:

- a. We ensure that the proposed rate increase does not result in premium rates that exceed the rates for new business. This is demonstrated in the attached premium rate comparison.
- b. We ensure that the resulting overall increase in rates satisfies 14VAC5-200-153 C2, ensuring no less than an 85% loss ratio on the rate increase portion, while applying 58% to the current rate schedule. This is demonstrated in Exhibit 1.
- c. The lifetime loss ratio after the proposed rate increase is greater than or equal to the lifetime loss ratio targeted in the original filing from this form.

New proposed rate tables for these policy forms are included with this filing. The contingent non-forfeiture paid up benefit equal to the sum of premiums paid is being offered to all policyowners impacted by the rate increase whether or not their increase is above the substantial increase triggers.

The number of policyowners and amount of inforce premium, as of December 31, 2015, for your state and nationwide, are displayed in Exhibit 2. The exhibit also shows the average annual premium before and after the proposed rate increase.

3. Reason for Rate Increase Request

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are mainly the result longer claim continuance with a greater effect on longer benefit periods, combined with lower lapse and mortality rates.

Northwestern Long Term Care Insurance Company (NLTC) has been evaluating this block and updating assumptions based on our experience as well as the LTCi industry experience. For the forms specified above, the projected lifetime loss ratio based on the assumptions outlined in this memo is worse than original pricing. The combined effect of changing the underlying claim costs and updating the mortality rates and persistency assumptions resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, NLTC is requesting a rate increase in order to maintain the viability and financial stability of the policy form.

Even though we could justify a higher rate increase, at this time we have decided to request 27% taking into consideration the impact on our policyowners. The requested premium rate schedule increase is not considered sufficient to cover the adverse impact of the changes to the assumptions in this filing. If the rate schedule increase of 68% were requested and implemented and the underlying assumptions with additional margin for moderately adverse conditions are realized no increase beyond 68% would be anticipated.

4. Rate Increase History

We have not requested any previous rate increases on these policy forms, either in your state or on a nationwide basis.

5. Benefit Descriptions

This policy provides comprehensive long term care coverage, and reimburses eligible expenses of the insured up to the daily limits of the policy. The product is priced to have level premiums. All premiums are guaranteed renewable. If the policy becomes paid-up it becomes non-cancellable. The product is available at issue ages 18-79. Premiums are on a sex neutral basis.

The insured chooses a daily limit, benefit period, elimination period, and home and community care coverage percentage. The plan reimburses eligible expenses up to the daily limits once the elimination period is satisfied. The plan continues to reimburse expenses until eligible expenses are no longer incurred or benefits are exhausted.

Care can be provided by licensed health care practitioners in licensed nursing homes, alternate living facilities, the home, and adult day care agencies. Respite care is also covered.

Two indexing options are available. The first option, called the Automatic Benefit Increase option, is a level premium product with the daily limit and the Benefit Account Value remaining indexing at 3%, 4%, or 5% per year. The insured chooses the indexing percentage at issue.

The second option, called the Automatic Additional Purchase Benefit, provides a level benefit while the insured does not require LTC benefits. The daily limit and the Benefit Account Value remaining begin indexing at 5% per year if and when the insured is on claim. Also under this option, the insured has the option of purchasing an additional amount of coverage, equal to 5% of the prior year's daily limit, each year while not on claim. This additional coverage also increases the Benefit Account Value. The premiums for the additional coverage are level and are based on the insured's current attained age. The insured can continue to purchase the additional coverage under this option until the later of age 85 or the tenth policy anniversary, or until the insured has refused two of the optional increases in coverage.

All plans include the waiver of premium benefit.

An optional non-forfeiture benefit and survivorship benefit are also available. The non-forfeiture benefit, called Paid-up Nonforfeiture Benefit, provides paid-up coverage when premium payments stop on or after the third policy anniversary via a smaller Benefit Account Value. Although we are filing for a premium rate increase, the premiums under the non-forfeiture benefit are not changing at this time.

The survivorship benefit, called the Survivorship Benefit, is a benefit that can be purchased when two spouses each purchase an NLTC long-term care policy. This benefit will change the status of the second insured's policy to fully paid up, beginning at the later of the death of the first insured, and the first anniversary after the benefit on the surviving insured's policy has been paid for and in force for 7 years.

One underwriting class exists for all policies issued. The policy is participating.

6. Renewability

All policy forms listed above are guaranteed renewable.

7. Applicability

This filing is applicable to in force policies only, as this policy form is no longer being sold in your state or nationwide. The premium changes will apply to the base form as well as to all applicable additional benefits. The premium change will also apply to future purchase option elections under the Automatic Additional Purchase Benefit. The premium changes will not apply to policies which have already reached paid-up status.

The company remains in the market, and currently sells similar long-term care insurance.

8. Marketing Method

All policy forms listed above were marketed by Northwestern Mutual's (parent company of NLTC) career captive field force.

9. Issue Age Ranges

Issue ages are from 18 to 79.

10. Actuarial Assumptions – Updated

This section includes the current assumptions used to justify the premium rate increase. These assumptions do not include any margin for adverse experience.

A. Morbidity - Updated

Claim costs from Milliman's 2014 edition of the Long Term Care Guidelines were used for morbidity estimates. The Guidelines have been developed in conjunction with professionals in several Milliman offices and reflect actual experience of various carriers, numerous studies of non-insurance data and judgment. The guidelines are a continually evolving rating structure that are modified as more experience becomes available.

The 2014 Milliman Guidelines were tailored to reflect NLTC's underwriting standards and claims administration practices. Milliman develops morbidity selection factors for three levels of underwriting: looser underwriting, average underwriting, and stricter underwriting. Milliman determined after analyzing NLTC's underwriting standards and practices that we fall in the stricter underwriting category. Milliman also came in to look at our claims administration practices to adjust the 2014 Milliman Guidelines in order to be more in line with how we administer long-term care claims. Final adjustments were made to morbidity recognizing anticipated morbidity differences due to NLTC's specific product design.

We also reviewed how the 2014 Milliman Guidelines compare to our own limited amount of long-term care claims data and our cash claim payments are in line with the expected basis. Since the 2014 Guidelines provided by Milliman were based on long-term care policies with specific benefits equal to what these policy forms offer, our overall morbidity experience to-date, although limited and not credible, does not

call into question the validity of the 2014 Milliman Guidelines for this block of business.

No morbidity improvement was assumed in pricing.

Appendix I shows a sample of claim costs used in determining the premium rate increase.

B. Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate. Normal renewal commission rates will be applied on any increase in premium.

C. Mortality - Updated

Our mortality assumptions were developed using internal company experience and include underwriting selection factors. Mortality improvement is also assumed through attained age 105.

In comparing the pricing mortality table used to the 1994 Group Annuitant Mortality (94 GAM) table used for valuation, the pricing ultimate rates are more conservative for the majority of issue ages. However, the biggest difference between the two tables is not the ultimate rates but that the pricing mortality recognizes lower mortality rates on recently underwritten business (mortality selection) and improved mortality over time (mortality improvement). Thus, the pricing mortality is more conservative than the table used for valuation (94 GAM) which does not have selection or improvement.

D. Lapse – Updated

Policy Year	%
1	3.400%
2	4.300%
3	3.200%
4	2.500%
5	2.000%
6	1.600%
7	1.300%
8	1.100%
9	0.500%
10+	0.500%

Lapse Adjustment by Issue Age: The following table of multipliers was used to adjust lapse rates for policies issued at older ages.

Updated Lapse Adjustment by Issue Age			
Policy Year	Issue Ages 18-69	Issue Ages 70-74	Issue Ages 75-79
1	100%	100%	90%
2	100%	100%	75%
3	100%	100%	60%
4	100%	100%	45%
5	100%	100%	30%
6	100%	100%	15%
7	100%	100%	0%
8	100%	100%	0%
9	100%	100%	0%
10	100%	80%	0%
11	100%	60%	0%
12	100%	40%	0%
13	100%	20%	0%
14+	100%	0%	0%

Lapse Adjustment for Paid-Up Nonforfeiture Benefit – These multipliers remain the same as those used for the original pricing.

E. Interest

Discounting and accumulating of earned premiums and incurred claims for the purpose of calculating historical, future anticipated and lifetime loss ratios was performed using the maximum valuation interest rate.

F. Distribution

Distribution of Business by Issue Age:

<u>Issue Age</u>	<u>Expected Distribution</u>	<u>Actual Distribution</u>
52	5%	45%
57	20%	26%
62	35%	18%
67	25%	8%
72	10%	2%
77	5%	1%

Average issue age = 54.7

Distribution of Business by Plan:

<u>Benefit Period</u> <u>(Years)</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
3	10%	9%
6	25%	27%
Lifetime	65%	64%
<u>Elimination Period</u> <u>(Weeks)</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
6	15%	6%
12	70%	86%
25	15%	8%
<u>Home & Community</u> <u>Care %</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
100%	85%	84%
50%	15%	6%

Distribution of Business by Sex:

<u>Sex</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
Male	40%	47%
Female	60%	53%

Distribution of Business by Indexing Option:

<u>Indexing Option</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
None	25%	16%
Automatic Benefit Increase	5%	16%
Automatic Additional Purchase Benefit	70%	68%

11. Actuarial Assumptions - Original

The initial premium rate schedule was based on the originally filed pricing assumptions which were believed to be appropriate, given company and industry experience available, when the initial rate schedule was developed. The original pricing assumptions for morbidity, voluntary termination rates, and mortality were as follows:

A. Morbidity - Original

The Milliman & Robertson (M&R) Internal Guidelines for Long Term Care Claim Costs were used for morbidity estimates. These Guidelines were developed in conjunction with professionals in several M&R offices during the mid-1990s and reflect actual experience of various carriers at that time, numerous studies of non-insurance data and actuarial judgment. The guidelines were established with a continually evolving rating structure that allow for modifications over time as more experience becomes available.

Underwriting adjustments were applied by policy year to reflect the morbidity anticipated due to underwriting. These factors were based on experience reviewed by M&R for benefit plans similar to NLTC with modifications to reflect the level of underwriting. For the Automatic Additional Purchase Benefit option, composite selection factors were calculated from the factors above recognizing that initial underwriting will wear off over time. Final adjustments were made to morbidity recognizing anticipated morbidity differences due to NLTC specific underwriting and product design.

Appendix II shows claim costs used in developing original premiums.

B. Mortality - Original

1983 Individual Annuitant Mortality

C. Lapse - Original

Policy Year	Lapse Rate
1	4.00%
2	3.60%
3	3.30%
4	3.05%
5	2.90%
6	2.80%
7	2.70%
8	2.60%
9	2.55%
10+	2.50%

Lapse Adjustment for Paid-Up Nonforfeiture Benefit - The following table of multipliers was used to adjust lapse rates for those policies with the Paid-Up Nonforfeiture Benefit (NFB) option:

Policy Year	Lapse Adjustment Multiplier for NFB
1	50%
2	0%
3	200%
4	170%
5+	110%

12. Underwriting

Medical underwriting was required for individual policies issued under this policy form and varied by issue age. LTC underwriting takes into account conditions or combinations of medical conditions that are likely to result in an impending need for services. There was one standard underwriting class for these policy forms.

13. Premium Classes

Premiums are unisex and payable for life, except if the policy becomes paid up as described in Section 5 above. The premiums may vary according to one or more of the following policy and policyholder attributes: issue age, benefit level, benefit period, elimination period, inflation option, premium mode, home and community care coverage percentage, marital status, and additional benefits.

A multi-life discount of 5% is also applied where policies were marketed to three or more lives of an employer/employee group or ten or more lives of an association group. The discount was available to members and retirees of these groups, as well as their parents, spouses, and spouses' parents.

14. Reserve Basis

A. Base Plans

Statutory Reserve Basis - Statutory Active Life Reserves are based on the claim costs developed for this plan increased by 20-25%, varying by issue age. A one-year preliminary term method with 1994 Group Annuitant Mortality (94 GAM) and 4.0% or 4.5% interest is used, based on year of issue. Lapse rates are included in the reserve calculations. Specifically, the following formula for total termination rates (TTRs) is used:

TTR = Lessor of: a) 1994 GAM plus lessor of:
i) 8% for durations 1-4
4% for duration 5 and later; or
ii) 80% of pricing lapse rate;
And
b) 80% of pricing total termination rate.

Disabled life reserves use the claim costs developed for this plan and the maximum statutory valuation interest rate by calendar year of claim onset.

Since the perceived appropriateness of reserve assumptions can change after issue, the company performs annual asset adequacy testing for its LTC block overall. Additional actuarial reserves due to asset adequacy testing have been held since 2012, and as of December 31, 2016, \$265 million was held for the LTC product line.

B. Paid-Up Nonforfeiture Benefit

Paid-Up Nonforfeiture Benefit Reserves use the same assumptions as the base plan except where noted below. Active life reserves are equal to:

- a. The greater of:
 1. The LTC active life reserve, and
 2. The lapse benefit
- plus
- b. The Paid-Up Nonforfeiture Benefit Reserve

where:

The LTC active life reserve is consistent with the base policy.

The lapse benefit is equal to the present value of future claims for an insured if the policy is lapsed in the following year.

The Paid-Up Nonforfeiture Benefit Reserve is equal to the present value of future claims for all insureds currently in paid-up status.

Appendix I – Sample Claim Costs (Repricing)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
Age	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.558	0.490	0.410	0.416	0.363	0.300	0.402	0.353	0.295	0.299	0.262	0.216
65	1.438	1.260	1.046	1.532	1.347	1.125	1.040	0.911	0.756	1.107	0.974	0.813
75	5.574	4.875	4.012	6.940	6.145	5.181	4.346	3.801	3.128	5.412	4.791	4.040
85	22.796	19.920	16.313	32.494	28.874	24.483	19.507	17.046	13.958	27.807	24.708	20.950
95	48.257	41.378	32.595	78.732	69.591	58.301	43.708	37.475	29.518	71.310	63.028	52.799

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
Age	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.962	0.851	0.719	0.709	0.625	0.525	0.692	0.612	0.517	0.510	0.450	0.378
65	2.393	2.109	1.765	2.592	2.294	1.935	1.730	1.524	1.276	1.874	1.658	1.398
75	8.751	7.675	6.340	11.702	10.395	8.809	6.823	5.984	4.942	9.125	8.105	6.868
85	34.666	30.332	24.875	54.227	48.226	40.897	29.663	25.953	21.282	46.402	41.265	34.992
95	69.059	59.342	46.904	122.987	108.557	90.552	62.544	53.741	42.472	111.386	98.313	82.000

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
Age	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.540	1.375	1.181	1.270	1.136	0.979	1.108	0.990	0.850	0.914	0.818	0.704
65	3.690	3.285	2.798	4.400	3.940	3.394	2.667	2.374	2.022	3.180	2.847	2.452
75	12.580	11.138	9.361	18.713	16.763	14.433	9.809	8.684	7.298	14.591	13.070	11.252
85	48.110	42.480	35.460	82.748	74.112	63.701	41.168	36.348	30.339	70.808	63.415	54.503
95	95.632	83.314	67.683	179.789	160.085	135.830	86.612	75.451	61.290	162.832	144.980	123.005

Appendix I– Sample Claim Costs (cont.)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.596	0.527	0.447	0.443	0.390	0.327	0.429	0.379	0.322	0.319	0.281	0.236
65	1.534	1.353	1.140	1.635	1.447	1.226	1.109	0.978	0.824	1.181	1.046	0.886
75	5.936	5.226	4.363	7.416	6.608	5.651	4.629	4.075	3.402	5.783	5.153	4.406
85	24.255	21.329	17.718	34.750	31.070	26.708	20.756	18.251	15.161	29.738	26.587	22.853
95	51.081	44.088	35.266	84.057	74.748	63.474	46.265	39.930	31.937	76.133	67.700	57.485

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.076	0.959	0.823	0.792	0.704	0.601	0.775	0.690	0.592	0.570	0.506	0.432
65	2.664	2.364	2.010	2.894	2.579	2.209	1.925	1.709	1.453	2.091	1.864	1.597
75	9.656	8.526	7.148	13.065	11.682	10.044	7.529	6.647	5.572	10.187	9.108	7.831
85	38.060	33.514	27.882	60.476	54.115	46.519	32.567	28.677	23.856	51.749	46.304	39.802
95	74.869	64.772	52.001	135.797	120.566	101.893	67.807	58.659	47.088	122.988	109.189	92.271

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.908	1.716	1.496	1.676	1.513	1.326	1.373	1.235	1.076	1.206	1.089	0.955
65	4.464	4.002	3.460	5.644	5.092	4.457	3.227	2.892	2.500	4.079	3.680	3.221
75	14.631	13.038	11.114	23.079	20.808	18.164	11.409	10.166	8.665	17.995	16.224	14.162
85	54.953	48.818	41.308	98.771	88.953	77.391	47.023	41.772	35.343	84.519	76.115	66.218
95	106.745	93.605	77.174	207.005	185.294	159.084	96.677	84.772	69.886	187.482	167.812	144.065

Appendix II– Sample Claim Costs (Original Pricing)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.877	0.77	0.688	0.873	0.766	0.687	0.691	0.607	0.543	0.663	0.586	0.528
65	2.154	1.834	1.629	2.765	2.4	2.165	1.56	1.338	1.185	2.171	1.897	1.714
75	6.933	5.805	5.048	9.006	7.775	7.032	5.435	4.614	4.029	7.469	6.514	5.911
85	19.95	16.651	14.198	31.413	27.37	24.891	16.126	13.677	11.752	27.236	23.927	21.79
95	38.46	31.6	26.015	49.535	42.702	37.749	33.301	27.662	22.905	43.148	37.497	33.232

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.225	1.083	0.976	1.257	1.112	1.008	0.873	0.711	0.694	0.865	0.768	0.7
65	2.771	2.371	2.114	3.814	3.332	3.03	1.871	1.611	1.436	2.84	2.498	2.278
75	8.484	7.144	6.234	12.187	10.58	9.601	6.511	5.557	4.871	9.809	8.602	7.834
85	23.342	19.544	16.653	41.895	36.585	33.129	18.647	15.871	13.662	35.715	31.464	28.596
95	44.036	36.331	29.937	63.308	54.88	48.667	37.961	31.664	26.285	55.261	48.32	43.092

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: No Indexing by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.706	1.512	1.369	1.865	1.66	1.517	1.127	0.996	0.899	1.191	1.061	0.971
65	3.53	3.027	2.704	5.266	4.618	4.212	2.339	2.018	1.8	3.856	3.403	3.111
75	10.463	8.822	7.705	16.093	14	12.711	7.962	6.802	5.961	12.779	11.224	10.219
85	28.157	23.594	20.104	53.011	46.284	41.794	22.498	19.16	16.495	44.934	39.57	35.866
95	52.702	43.508	35.866	78.935	68.377	60.41	45.44	37.923	31.498	68.836	60.127	53.41

Appendix II– Sample Claim Costs (cont.)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.949	0.84	0.764	0.947	0.838	0.764	0.772	0.686	0.623	0.749	0.668	0.613
65	2.323	1.993	1.799	2.986	2.611	2.393	1.721	1.489	1.341	2.397	2.112	1.937
75	7.419	6.261	5.527	9.699	8.436	7.746	5.881	5.031	4.457	8.165	7.174	6.6
85	21.278	17.893	15.48	33.813	29.674	27.368	17.327	14.798	12.885	29.605	26.185	24.159
95	40.804	33.789	28.23	53.047	46.053	41.278	35.475	29.693	24.933	46.484	40.669	36.521

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.402	1.25	1.146	1.449	1.294	1.195	1.032	0.92	0.843	1.044	0.936	0.868
65	3.114	2.687	2.435	4.33	3.814	3.522	2.133	1.853	1.679	3.282	2.911	2.696
75	9.365	7.952	7.046	13.728	12.012	11.064	7.245	6.234	5.546	11.177	9.876	9.123
85	25.462	21.486	18.568	46.934	41.281	37.879	20.448	17.53	15.291	40.286	35.734	32.888
95	47.613	39.607	33.117	70.162	61.286	55.122	41.173	34.619	29.146	61.629	54.286	49.086

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	100% HHC						50% HHC					
	Male			Female			Male			Female		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	2.137	1.913	1.764	2.478	2.229	2.078	1.396	1.247	1.145	1.598	1.44	1.345
65	4.116	3.562	3.236	6.522	5.776	5.359	2.734	2.381	2.159	4.824	4.298	3.995
75	11.78	10.018	8.888	19.08	16.74	15.43	8.987	7.741	6.884	15.212	13.469	12.437
85	30.984	26.169	22.613	60.89	53.538	48.94	24.878	21.343	18.62	51.836	45.951	42.141
95	57.332	47.733	39.934	88.989	77.645	69.478	49.58	41.719	35.151	78.016	68.618	61.715

Appendix III – Ratio of Current to Original Claim Costs

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	64%	64%	60%	48%	47%	44%	58%	58%	54%	45%	45%	41%
65	67%	69%	64%	55%	56%	52%	67%	68%	64%	51%	51%	47%
75	80%	84%	79%	77%	79%	74%	80%	82%	78%	72%	74%	68%
85	114%	120%	115%	103%	105%	98%	121%	125%	119%	102%	103%	96%
95	125%	131%	125%	159%	163%	154%	131%	135%	129%	165%	168%	159%

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	79%	79%	74%	56%	56%	52%	79%	86%	74%	59%	59%	54%
65	86%	89%	83%	68%	69%	64%	92%	95%	89%	66%	66%	61%
75	103%	107%	102%	96%	98%	92%	105%	108%	101%	93%	94%	88%
85	149%	155%	149%	129%	132%	123%	159%	164%	156%	130%	131%	122%
95	157%	163%	157%	194%	198%	186%	165%	170%	162%	202%	203%	190%

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	90%	91%	86%	68%	68%	65%	98%	99%	95%	77%	77%	73%
65	105%	109%	103%	84%	85%	81%	114%	118%	112%	82%	84%	79%
75	120%	126%	121%	116%	120%	114%	123%	128%	122%	114%	116%	110%
85	171%	180%	176%	156%	160%	152%	183%	190%	184%	158%	160%	152%
95	181%	191%	189%	228%	234%	225%	191%	199%	195%	237%	241%	230%

Appendix III– Ratio of Current to Original Claim Costs (cont.)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	63%	63%	59%	47%	47%	43%	56%	55%	52%	43%	42%	38%
65	66%	68%	63%	55%	55%	51%	64%	66%	61%	49%	50%	46%
75	80%	83%	79%	76%	78%	73%	79%	81%	76%	71%	72%	67%
85	114%	119%	114%	103%	105%	98%	120%	123%	118%	100%	102%	95%
95	125%	130%	125%	158%	162%	154%	130%	134%	128%	164%	166%	157%

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	77%	77%	72%	55%	54%	50%	75%	75%	70%	55%	54%	50%
65	86%	88%	83%	67%	68%	63%	90%	92%	87%	64%	64%	59%
75	103%	107%	101%	95%	97%	91%	104%	107%	100%	91%	92%	86%
85	149%	156%	150%	129%	131%	123%	159%	164%	156%	128%	130%	121%
95	157%	164%	157%	194%	197%	185%	165%	169%	162%	200%	201%	188%

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	89%	90%	85%	68%	68%	64%	98%	99%	94%	75%	76%	71%
65	108%	112%	107%	87%	88%	83%	118%	121%	116%	85%	86%	81%
75	124%	130%	125%	121%	124%	118%	127%	131%	126%	118%	120%	114%
85	177%	187%	183%	162%	166%	158%	189%	196%	190%	163%	166%	157%
95	186%	196%	193%	233%	239%	229%	195%	203%	199%	240%	245%	233%

Actuarial Certification

I, Gregory Gurlik, am an Actuary and an officer of the Northwestern Long Term Care Insurance Company and am a member in good standing of the American Academy of Actuaries. I wrote the Actuarial Memorandum for the rate increase filing for forms RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708). The assumptions used as stated in this memorandum are reasonable and realistic for this product. To the best of my knowledge and judgment, this filing complies with the laws and regulations of your state and the benefits are reasonable in relation to the premiums charged.



Actuary

April 10, 2017

Date



Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy. We value you as a policyowner and understand that a premium increase may be unsettling. Please know that we are committed to helping you understand your options so that you can make the best decision for you. Please read this letter carefully and in its entirety. It contains important information about your coverage and the benefit options available to you.

About this Increase

Thanks to medical advances, people are living longer today than ever before. While this is something we are thankful for, it has increased the anticipated cost of future LTC claims for the industry as a whole and NLTC. Our analysis shows that unfortunately, claims are now anticipated to be significantly higher than we originally projected when we determined the premium for your policy.

Important information about the premium increase for your policy is provided in the following chart. [As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]

Premium and Benefit Breakdown

[POLICY BENEFIT]	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx Without the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$0,000.00] [00%]	[00/00/0000]
[MML/MDL] [\$xx,xxx With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00] [00%]	[00/00/0000]

[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.] [To date you have declined one AAPB increase.] [After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners who purchased their policy in Virginia as authorized by the Virginia Bureau of Insurance. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy. In the event of a future increase, similar options will be available to you. The option to reduce benefits is available at any time.

[No action is needed while your premium is being waived. Since you are currently receiving benefits and not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated above will become payable in the future if and when your claim for benefits ends and the Waiver of Premium provision is no longer in effect.]

Understanding your Options

If you do not want to or cannot pay the increased premium, you have several options available to help reduce the impact of the increase.

- **Policy Change Options:** We've included a detailed list of policy change options that are available to help offset the premium increase. These options involve reducing the level of benefits available under your policy with a corresponding reduction in your premium.
- **Personalized Options Form:** We've also provided you with an illustration of your current key policy benefits that shows how your premium would change if you elect to reduce one of these benefits.
- **Need Assistance:** If you would like to see what your premium would be if you made more than one change to your policy, or you want to consider changing a benefit not illustrated in the Personalized Options Form, **please contact our customer care team at [888-888-8888]**. We will be happy to provide you with this information and answer questions about these options.

We recommend that you review all options available to you, including paying the increased premium and reducing your available benefits, with your family members and financial advisor to determine the approach that is most appropriate to your needs. You may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state if you need additional counseling to determine how to proceed. Please go to www.shiptalk.org to find the nearest SHIP to you.

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI

Next Steps – Decision required by [include anniversary date]

[If on claim leave the preceding heading and this section off letter]

NO ACTION is needed if you decide to accept the premium increase. If we do not hear from you about electing a policy change option by **[anniversary date]**, we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to **[anniversary date]** to revise the payment amount.

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by **[anniversary date]**. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before **[25 days prior to anniversary date]**. However if we receive your change request by **[anniversary date]** we will make the change and send you a revised premium notice.
- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at [888-888-8888].
- Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Personalized Options Form.

Importance of LTC Insurance

The need for care can be one of the most significant challenges a person can face, both personally and financially. We have seen the difference this insurance has made in the lives of our customers and their family members. Although the cost for this insurance is increasing, it provides valuable coverage that may not be available from health insurance or government programs.

For Further Assistance

We are committed to ensuring that long-term care benefits will be available to you when you need them. Our dedicated customer care team at [888-888-8888] is here to help you understand this increase and your options Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care
Insurance Company

[Enclosures: Personalized Options Form]

Policy Change Options

If you decide that you would like to reduce your available benefits in order to reduce the premium increase, there are several options available to you.

Each option should be viewed in light of your individual insurance needs and financial situation, and you should consult with family members and advisors before making a change. Please be advised that, once you make an election that results in a reduction of your benefits, you may not be able to increase your benefits at a later time, even if you offer to pay the increased premium amount that results from the coming premium increase.

The following options can help offset your premium increase ¹:

- Reduce the **maximum amount the policy will pay** for each month/day of your care (Maximum Daily/Monthly Limit). ²
- Reduce the **minimum length of time your policy will pay benefits**³ once you begin to use benefits (Benefit Period). This will reduce the total amount of benefits payable under your policy (Benefit Account Value).
- Increase the **length of time you'll pay for your care** before the policy begins to pay benefits (Elimination Period or Beginning Date).
- [Reduce the **amount that your Daily/Monthly Limit increases each year** (inflation protection).] *[only include if policy has ABI]*
- **[Drop your current inflation protection.]** *[only include if have inflation protection]*
- **Stop paying policy premiums and keep a reduced policy.** ([Contingent Benefit Upon Lapse/Non-Forfeiture Option].) This benefit is based on premiums paid to date but will be no less than 30 times the daily nursing home benefit at the time of lapse; in no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. [This option is only available within 120 days of the premium increase effective date.] By electing this option you will be significantly reducing your policy benefits so careful consideration should be given. *[only include the second sentence if the policy doesn't have an NFB benefit]*
- **[Drop your Non-Forfeiture benefit]** *[only include if have NFB]*
- **[Drop your Survivorship benefit]** *[only include if have Survivorship]*

¹ Please refer to your policy for definitions of the terms included in these options.

² If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

³ If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

Important Information: As you consider reducing your benefits, it's very important to understand the impact the change will have if you need to utilize your coverage in the future. The costs of care are rising and are expected to continue to rise. By reducing benefits, you are reducing the coverage that will be available to pay for future care. Please go to www.northwesternmutual.com/costofcare to view the average cost of care in your state.

Please be aware that the changes listed above may not be of equal value. For more details please review the New Premium listed for each available change on the following pages.

You have the right to a revised rate or premium schedule upon request.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Important Information Regarding [Contingent Benefit Upon Lapse/Non-Forfeiture Option]

If you allow your policy to lapse [within 120 days of your policy anniversary date of **[anniversary date]**] we will reduce your policy limit (Benefit Account Value) and convert your policy to a paid-up status with no future payment of premiums required. By exercising this option you are significantly reducing your policy benefits so you should give careful consideration to the terms of this option before selecting it. The following terms apply if you exercise this [Contingent Benefit Upon Lapse/Non-Forfeiture option]:

- No benefits will be paid in excess of your new Benefit Account Value. The new Benefit Account Value will be equal to the total amount of premiums you have paid for the policy, including any waived premiums and premiums paid for any optional additional benefits. Benefits will be paid subject to the [Maximum Daily Limit] / [Maximum Monthly Limit] benefit levels (and other coverage limits) in effect at the time you convert your policy to paid-up status.
- All optional additional benefit riders will automatically terminate.
- [No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]
- All other applicable policy provisions, conditions, and limitations will remain in effect.
- In no event will the paid up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	<p>Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect.</p> <p>Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.</p>	<p>[\$00,000.00]</p> <p>Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.</p>	<p>[\$00,000.00]</p> <p>[Already at State Minimum]</p>	<p>[\$00,000.00]</p> <p>[N/A]</p>	<input type="checkbox"/>

[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period).</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[Lifetime / Unlimited Benefit]	<p>[6 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period)</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	<input type="checkbox"/>
[Inflation Protection]	<p>[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]</p>	<p>[Automatic Benefit Increase (ABI) [5][x]%]</p> <p>[Automatic Additional Purchase Benefit (AAPB)]</p>	<p>[ABI 4%]</p> <p>[ABI 3%]</p> <p>[AAPB at your current benefit amount] [\$00,000.00]</p> <p>[AAPB with no further increases] [\$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.]</p> <p>Note: This will reduce the total amount of benefits</p>	[6 year Benefit]	<p>[3 year Benefit Period.]</p> <p>[\$MML/\$MDL] x [36 months or 3*365 days]</p>		<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		= Benefit Account Value (BAV) of \$00,000.00]		
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit equal to the total amount of premium you have paid since the inception of the policy. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by [anniversary date] and the changes will be effective as of your policy anniversary date of [anniversary date]. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent] Non-Forfeiture option takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter along with a new policy specification pages to keep with your policy contract.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxxx]

Signature of Policyowner: _____

Date: _____

Statement of Variability

For Form 90-2578 LTC (0417)

Provision	Variability
[Month DD, YYYY]	Date letter is printed
[LIFE ADDRESS1] [LIFE ADDRESS2] [LIFE ADDRESS3] [LIFE ADDRESS4]	Name and address of policy owner/insured
[LifeFname LifeLname]	Name of policy owner/insured
LTC[Policy Number]	Policy number of contract
ISA[#####]	Insurance Service Account number
[As a reminder, your policy has the Automatic Additional Purchase Benefit provision that helps keep your coverage in line with rising costs of long-term care. The increased values and premium for the scheduled increase is also included below.]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT]	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx Without the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount without the current annual increase amounts. Varies by policy options chosen by the insured.
[POLICY BENEFIT] [MML/MDL] [\$xx,xxx With the AAPB increase]	Will display if the policy has the Annual Automatic Purchase Benefit. Will display the Maximum Monthly limit or Maximum Daily limit and the premium amount with the current annual increase amounts. Varies by policy options chosen by the insured.
CURRENT [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
CURRENT [MODE] PREMIUM [\$00,000.00]	The current cost of the individual base insurance and additional benefit components of the contract. Varies by policy options chosen by the insured.
NEW [MODE] PREMIUM	Premium frequency: Monthly, Quarterly, Semi-annual or Annual
NEW [MODE] PREMIUM [\$00,000.00]	The cost of the individual base insurance and additional benefit components of the contract after the increase is applied. Varies by policy options chosen by the insured.
PREMIUM INCREASE AMOUNT [\$0,000.00]	The dollar amount of the premium increase. Varies by policy options chosen by the insured.
EFFECTIVE DATE [00/00/0000]	The date the premium increase is effective on the policy
[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by	Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.

<p>completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.]</p>	
<p>[To date you have declined one AAPB increase.]</p>	<p>Will display if the policy has the Annual Automatic Purchase Benefit and the insured has elected to use one of two available refusal options. Varies by policy options chosen by the insured.</p>
<p>[After two AABP increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]</p>	<p>Will display if the policy has the Annual Automatic Purchase Benefit. Varies by policy options chosen by the insured.</p>
<p><i>[No action is needed while your premium is being waived.</i> Since you are currently receiving benefits and not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated above will become payable in the future if and when your claim for benefits ends and the Waiver of Premium provision is no longer in effect.]</p>	<p>This statement will be printed for policies that are in a non-premium paying status because a policy is on Claim.</p>
<p>[anniversary date]</p>	<p>The anniversary date of the policy.</p>
<p>[888-888-8888]</p>	<p>A dedicated phone number is being established for any questions or concerns regarding the rate increase.</p>
<p>Next Steps – Decision required by [include anniversary date] <i>NO ACTION is needed if you decide to accept the premium increase.</i> If we do not hear from you about electing a policy change option by [anniversary date], we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [anniversary date] to revise the payment amount.</p>	<p>If a policy is in a non-premium paying status because a policy is on Claim, this section will NOT be included.</p>

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by **[anniversary date]**. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before [25 days prior to anniversary date]. However if we receive your change request by [anniversary date] we will make the change and send you a revised premium notice.
- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at 888-888-8888.

Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent Benefit Upon Lapse/Non-Forfeiture Option] as described in the Personalized Options Form.

[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Contingent Benefit Upon Lapse (CBUL) will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.
[Enclosures: Policy Change Options and Personalized Options Form]	If a policy is in a non-premium paying status because a policy is on Claim, this section and the attachments will NOT be included.
[Reduce the amount that your Daily/Monthly Limit increases each year (inflation protection).]	This statement will only be included if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.
[Drop your current inflation protection.]	This statement will only be included if the policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit

	inflation protection option. Varies by policy options chosen by the insured.
[This option is only available within 120 days of the premium increase effective date.]	This statement will only be included if a policy has not had the Non-forfeiture benefit from the policy effective date. (NFB is allowed to be activated at any time) Varies by policy options chosen by the insured.
[Drop your Non-forfeiture benefit]	This statement will only be included if the policy has the Non-forfeiture benefit. Varies by policy options chosen by the insured.
[Drop your Survivorship benefit]	This statement will only be included if the policy has the Survivorship benefit. Varies by policy options chosen by the insured.
[policy anniversary]	The anniversary date of the policy.
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	Contingent Benefit Upon Lapse will be displayed if the policy has not had the NFB option for the life of their policy (since issue date). Non-forfeiture will be displayed in the policy has had the NFB option for the life of the policy. Varies by policy options chosen by the insured.
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	The Maximum Daily limit of the policy or the Maximum Monthly limit of the policy. Varies by policy options chosen by the insured.
[No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]	This statement will display for policies that have the Automatic Benefit Increase or the Automatic Additional Purchase Benefit on the policy. Varies by policy options chosen by the insured.
[include date]	Policy Anniversary Date
Current Benefit [\$00,000.00]	The current benefit on the policy. Varies by change type and policy options chosen by the insured.
New Benefit [\$00,000.00]	The new benefit on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Benefit [Already at State Minimum]	This statement will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured.
New Premium [\$00,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
New Premium [N/A]	N/A will print if the policy is already at the state minimum for MDL/MML. Varies by policy options chosen by the insured.
Policy Benefit Change [Benefit Period]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [Lifetime / Unlimited Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [6 year Benefit Period.] [\$MML/\$MDL] x [72 months or 6*365 days]	This option will print if the policy has a Lifetime/Unlimited Benefit Period. Calculation used to determine the 6 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.

Policy Benefit Change [Benefit Period]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 3 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [3 year Benefit Period]	The benefit period on the policy.
New Benefit [Already at minimum available Benefit Period]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
New Premium [N/A]	This statement will print if the policy is already at the minimum benefit period. Varies by policy options chosen by the insured
Policy Benefit Change [Inflation Protection]	Will only be included if a policy has either the Automatic Benefit Increase or Automatic Additional Purchase Benefit inflation protection option. Varies by policy options chosen by the insured.
Description [Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.]	This option will be shown if the policy has the Automatic Benefit Increase inflation protection option and the state that the policy was executed in allows ABI 3% and ABI 4%. Varies by policy options chosen by the insured.
Description [Decline AAPB]	This option will be shown if the policy has AAPB and no prior refusals. The policy change option will show the policy change to refuse the current anniversary increase. Increase offers would occur the following anniversary and subsequent years until a second refusal was processed. Varies by policy options chosen by the insured.
Description [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]	This option will be shown if the policy has AAPB and has had one prior refusal. The policy change option will show the policy change to refuse the current anniversary increase. No further increases would be offered. Varies by policy options chosen by the insured.
Current Benefit [Automatic Benefit Increase (ABI) [5][x]%]	Displays if the policy has the ABI inflation protection Option. Will also display the percentage of the Inflation protection. Varies by policy options chosen by the insured.
Current Benefit [Automatic Additional Purchase Benefit (AAPB)]	Displays if the policy has the AAPB inflation protection option. Varies by policy options chosen by the insured.
New Benefit [ABI 4%] [ABI 3%] [AAPB at your current benefit amount] [\$00,000.00]. [AAPB with no further increases] [\$00,000.00].	Will display based on the type of policy change applied. Varies by change type and policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.

Policy Benefit Change [Benefit Period]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Description [Reduce the minimum length of time your policy will pay benefits.]	This option will print if the policy has a 6 year Benefit Period. Varies by policy options chosen by the insured.
Current Benefit [6 year Benefit]	The benefit period on the policy. Varies by policy options chosen by the insured.
New Benefit [3 year Benefit Period.] [\$MML/\$MDL] x [36 months or 3*365 days] = Benefit Account Value (BAV) of \$00,000.00]	Calculation used to determine the 3 year benefit period amount. The calculation and amount varies by policy options chosen by the insured.
New Premium [\$0,000.00]	The new premium on the policy based on the policy change. Varies by change type and policy options chosen by the insured.
[Contingent Benefit Upon Lapse/Non-Forfeiture Option]	CBUL will be displayed if the policy has not has the NFB option for the life of their policy (since issue date). Varies by policy options chosen by the insured.
Description [within 120 days of due date]	This statement will display if CBUL applies to the policy.
Current Benefit Benefit Account Value of [\$00,000.00]	Will display the current BAV on the policy. Varies by policy options chosen by the insured.
New Benefit Reduced Benefit Account Value [\$00,000.00]	Will display the account value if the insured elects to activate NFB/CNFB as of the anniversary date of the policy. Varies by policy options chosen by the insured.
[anniversary date]	Policy Anniversary date
[anniversary date]	Policy Anniversary date
[May States][LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]	Partnership Disclosure Language

[Month DD, YYYY]

[LIFE ADDRESS1]
[LIFE ADDRESS2]
[LIFE ADDRESS3]
[LIFE ADDRESS4]

Re: [LifeFname LifeLname] LTC[policy no] ISA [#####]

Dear [LifeFname LifeLname]:

Northwestern Long Term Care Insurance Company (NLTC) is committed to ensuring that long-term care insurance benefits will be available when our policyowners need them. After careful consideration, we have made the difficult but necessary decision to increase the premium on your long-term care insurance (LTC) policy. We value you as a policyowner and understand that a premium increase may be unsettling. Please know that we are committed to helping you understand your options so that you can make the best decision for you. Please read this letter carefully and in its entirety. It contains important information about your coverage and the benefit options available to you.

About this Increase

Thanks to medical advances, people are living longer today than ever before. While this is something we are thankful for, it has increased the anticipated cost of future LTC claims for the industry as a whole and NLTC. Our analysis shows that unfortunately, claims are now anticipated to be significantly higher than we originally projected when we determined the premium for your policy.

Important information about the premium increase for your policy is provided in the following chart. [As a reminder, you elected to have the Automatic Additional Purchase Benefit (AAPB) provision to help keep your coverage in line with rising costs of long-term care. This optional benefit provision automatically increases the policy benefit and premium annually. You have the option of declining these increases. For this reason the chart provides you with your new premium with and without the AAPB benefit increase.]

Premium and Benefit Breakdown

[POLICY BENEFIT]	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	PREMIUM INCREASE AMOUNT	EFFECTIVE DATE
[MML/MDL] [\$xx,xxx Without the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$0,000.00]	[00/00/0000]
[MML/MDL] [\$xx,xxx With the AAPB increase]	[\$00,000.00]	[\$00,000.00]	[\$00,000.00]	[00/00/0000]

[Important Information about your Automatic Additional Purchase Benefit (AAPB): You can decline this scheduled AAPB increase by completing and returning the enclosed Personalized Options Form on or before [anniversary date.] Your Automatic Additional Purchase benefit gives you the option to increase your coverage every year on the policy anniversary until two annual AAPB increases have been declined.] [To date you have declined one AAPB increase.] [After two AAPB increases have been declined, you will no longer receive annual AAPB increases unless you later qualify for and receive long term care benefits.]

It is important to know that no individual has been singled out for an increase, nor is the increase due to a change in your age, health, claims history, or any other individual characteristic. We are increasing premiums for all similarly-situated policyowners in your state as authorized by your state’s department of insurance. While we hope it does not become necessary, premium rates are not guaranteed and may be increased again in the future under the terms of your policy.

[No action is needed while your premium is being waived. Since you are currently receiving benefits and not paying premiums due to the Waiver of Premium provision in your policy, you do not need to pay the new premium at this time. This letter is notifying you that the premium increase illustrated above will become payable in the future if and when your claim for benefits ends and the Waiver of Premium provision is no longer in effect.]

Understanding your Options

If you do not want to or cannot pay the increased premium, you have several options available to help reduce the impact of the increase.

- **Policy Change Options:** We've included a detailed list of policy change options that are available to help offset the premium increase. These options involve reducing the level of benefits available under your policy with a corresponding reduction in your premium.
- **Personalized Options Form:** We've also provided you with an illustration of your current key policy benefits that shows how your premium would change if you elect to reduce one of these benefits.
- **Need Assistance:** If you would like to see what your premium would be if you made more than one change to your policy, or you want to consider changing a benefit not illustrated in the Personalized Options Form, **please contact our customer care team at [888-888-8888]**. We will be happy to provide you with this information and answer questions about these options.

We recommend that you review all options available to you, including paying the increased premium and reducing your available benefits, with your family members and financial advisor to determine the approach that is most appropriate to your needs. You may also wish to contact the State Health Insurance Assistance Program (SHIP) located in your state, or the State Department/Bureau of Insurance if you need additional counseling to determine how to proceed. Please go to www.shiptalk.org to find the nearest SHIP to you, or http://naic.org/state_web_map.htm to find your State Department/Bureau of Insurance.

Next Steps – Decision required by [include anniversary date]

[If on claim leave the preceding heading and this section off letter]

NO ACTION is needed if you decide to accept the premium increase. If we do not hear from you about electing a policy change option by **[anniversary date]**, we will assume that you have accepted the new premium rate. Your premium bill will be adjusted to reflect the increased premium amount. If you pay by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount. If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to **[anniversary date]** to revise the payment amount.

ACTION IS NEEDED BY [ANNIVERSARY DATE] if you elect to reduce benefits to offset the impact of the premium increase:

- Use the enclosed Personalized Options Form to elect one of the illustrated options by checking the applicable box next to the desired change, then sign and return it in the enclosed envelope by **[anniversary date]**. You will receive a premium notice reflecting the increased premium prior to your anniversary date unless you make a change before **[25 days prior to anniversary date]**. However if we receive your change request by

[**anniversary date**] we will make the change and send you a revised premium notice.

- Or, contact our customer care team to discuss policy change options not illustrated in the Personalized Options Form, such as electing a combination of changes to your available benefits. We are here to help Monday through Friday 8:00 AM to 5:00 PM CST at [888-888-8888].
- Please note that if we do not hear from you and you do not pay the increased premium by the premium due date, we will assume you have selected the [Contingent] Non-Forfeiture Option as described in the Personalized Options Form.

Importance of LTC Insurance

The need for care can be one of the most significant challenges a person can face, both personally and financially. We have seen the difference this insurance has made in the lives of our customers and their family members. Although the cost for this insurance is increasing, it provides valuable coverage that may not be available from health insurance or government programs.

For Further Assistance

We are committed to ensuring that long-term care benefits will be available to you when you need them. Our dedicated customer care team at [888-888-8888] is here to help you understand this increase and your options Monday through Friday, 8:00 AM to 5:00 PM CST. You may also visit www.northwesternmutual.com/ltc for more information.

Sincerely,



Kamilah Williams-Kemp
President and Chief Executive Officer
Northwestern Long Term Care
Insurance Company

[Enclosures: Policy Change Options and Personalized Options Form]

Policy Change Options

If you decide that you would like to reduce your available benefits in order to reduce the premium increase, there are several options available to you.

Each option should be viewed in light of your individual insurance needs and financial situation, and you should consult with family members and advisors before making a change. Please be advised that, once you make an election that results in a reduction of your benefits, you may not be able to increase your benefits at a later time, even if you offer to pay the increased premium amount that results from the coming premium increase.

The following options can help offset your premium increase ¹:

- Reduce the **maximum amount the policy will pay** for each month/day of your care (Maximum Daily/Monthly Limit). ²
- Reduce the **minimum length of time your policy will pay benefits**³ once you begin to use benefits (Benefit Period). This will reduce the total amount of benefits payable under your policy (Benefit Account Value).
- Increase the **length of time you'll pay for your care** before the policy begins to pay benefits (Elimination Period or Beginning Date).
- [Reduce the **amount that your Daily/Monthly Limit increases each year** (inflation protection).] *[only include if policy has ABI]*
- **[Drop your current inflation protection.]** *[only include if have inflation protection]*
- **Stop paying policy premiums and keep a reduced policy.** ([Contingent] Non-Forfeiture Option.) Your benefits would be equal to the total amount of premium you have paid since you first bought the policy. [This option is only available within 120 days of the premium increase effective date.] By electing this option you will be significantly reducing your policy benefits so careful consideration should be given. *[only include the second sentence if the policy doesn't have an NFB benefit]*
- **[Drop your Non-Forfeiture benefit]** *[only include if have NFB]*
- **[Drop your Survivorship benefit]** *[only include if have Survivorship]*

Important Information: As you consider reducing your benefits, it's very important to understand the impact the change will have if you need to utilize your coverage in the future. The costs of care are rising and are expected to continue to rise. By reducing benefits, you are reducing the coverage that will be available to pay for future care. Please go to www.northwesternmutual.com/costofcare to view the average cost of care in your state.

¹ Please refer to your policy for definitions of the terms included in these options.

² If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

³ If your monthly cost of care is less than your selected Maximum Monthly/Daily Limit, then the unused portion can be used to extend the period of time your coverage will last.

Important Information Regarding [Contingent] Non-Forfeiture Option

If you allow your policy to lapse [within 120 days of your policy anniversary date of **[anniversary date]**] we will reduce your policy limit (Benefit Account Value) and convert your policy to a paid-up status with no future payment of premiums required. By exercising this option you are significantly reducing your policy benefits so you should give careful consideration to the terms of this option before selecting it. The following terms apply if you exercise this [Contingent] Non-Forfeiture option:

- No benefits will be paid in excess of your new Benefit Account Value. The new Benefit Account Value will be equal to the total amount of premiums you have paid for the policy, including any waived premiums and premiums paid for any optional additional benefits. Benefits will be paid subject to the [Maximum Daily Limit] / [Maximum Monthly Limit] benefit levels (and other coverage limits) in effect at the time you convert your policy to paid-up status.
- All optional additional benefit riders will automatically terminate.
- [No future inflation adjustments will be made pursuant to your policy's [Automatic Benefit Increase/ Automatic Additional Purchase Benefit] inflation protection option.]
- All other applicable policy provisions, conditions, and limitations will remain in effect.

Personalized Options Form

The chart below provides an illustration of how your premium will be affected if you elect to reduce any of the key benefits included in your policy. You can use this form to elect one of the changes illustrated.

Note: This form cannot be used to elect more than one change. The illustrations are based on only one change taking place effective on your next policy anniversary [include date] and may not be accurate after this date. If you would like to make more than one change, or consider a change not listed among the options provided below, please contact our customer care team at [888-888-8888] Monday through Friday 8:00 AM – 5:00 PM CST.

Policy Benefit Change	Description	Current Benefit	New Benefit	New Premium	Policy Change Election (check only one)
[Maximum Daily Limit (MDL)] / [Maximum Monthly Limit (MML)]	<p>Reduce the maximum amount the policy will reimburse for qualifying expenses each day/month you are on claim to an amount with a corresponding premium amount similar to the amount you pay now, before the premium increase has taken effect.</p> <p>Note: You may also opt to reduce the policy [MDL/MML] to other amounts, which would result in a future premium amount that is different than what is shown on this Form but is also less than the amount you would be required to pay after the premium increase takes effect.</p>	<p>[\$00,000.00]</p> <p>Please note: in certain instances the ability to reduce your MDL/MML may not be available due to state required minimum benefit limits.</p>	<p>[\$00,000.00]</p> <p>[Already at State Minimum]</p>	<p>[\$00,000.00]</p> <p>[N/A]</p>	<input type="checkbox"/>

[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period).</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[Lifetime / Unlimited Benefit]	<p>[6 year Benefit Period.]</p> <p>[\$MML/\$M DL] x [72 months or 6*365 days] = Benefit Account Value (BAV) of \$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.] (Benefit Period)</p> <p>Note: This will reduce the total amount of benefits payable under your policy (Benefit Account Value).</p>	[3 year Benefit Period]	[Already at minimum available Benefit Period]	[N/A]	
[Inflation Protection]	<p>[Reduce the ABI increases to your [MML or MDL] that help benefits keep pace with the actual cost of care over time. The [MML or MDL] and Benefit Account Value will remain at their amounts as of the effective date of the policy change.] [Decline AAPB] [You will no longer receive inflation protection increases unless you qualify for and receive Long Term Care benefits.]</p>	<p>[Automatic Benefit Increase (ABI) [5][x]%]</p> <p>[Automatic Additional Purchase Benefit (AAPB)]</p>	<p>[ABI 4%]</p> <p>[ABI 3%]</p> <p>[AAPB at your current benefit amount] [\$00,000.00]</p> <p>[AAPB with no further increases] [\$00,000.00]</p>	[\$0,000.00]	<input type="checkbox"/>
[Benefit Period]	<p>[Reduce the minimum length of time your policy will pay benefits.]</p> <p>Note: This will reduce the total amount of benefits</p>	[6 year Benefit]	<p>[3 year Benefit Period.]</p> <p>[\$MML/\$M DL] x [36 months or 3*365 days]</p>		<input type="checkbox"/>

	payable under your policy (Benefit Account Value).		= Benefit Account Value (BAV) of \$00,000.00]		
[Contingent] Non-Forfeiture Option	Stop paying premiums [within 120 days of due date] and accept a significantly reduced policy benefit equal to the total amount of premium you have paid since the inception of the policy. Careful consideration should be made when deciding this option.	Benefit Account Value of [\$00,000.00]	Reduced Benefit Account Value [\$00,000.00]	N/A	<input type="checkbox"/>

CHANGE PROVISIONS

This form must be received in our office by [anniversary date] and the changes will be effective as of your policy anniversary date of [anniversary date]. If we do not hear from you about electing a policy change option by that date, we will assume that you have accepted the new premium rate unless the [Contingent] Non-Forfeiture option takes effect. Other than the change elected in this form, the benefits available under the policy will remain the same.

Once we've processed the change you elect, if any, we will send you a confirmation letter along with a new policy specification pages to keep with your policy contract.

[LONG TERM CARE PARTNERSHIP POLICY CHANGE DISCLOSURE]

Inflation protection is a required feature of a qualifying Partnership policy. Please note that removal or reduction of the Automatic Benefit Increase inflation protection option or removal of the Automatic Additional Purchase Benefit inflation protection option may result in the loss of your policy's qualifying Partnership status, including the asset disregard feature provided by a Partnership policy. You may contact NLTC at [888-888-8888] if you have questions about how to retain your policy's qualifying Partnership status.]

Name of Policyowner: [Policyowner Name] LTC[xxxxxxxx]

Signature of Policyowner: _____ Date: _____

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

<u>Product Name</u>	<u>Policy Form Number</u>	<u>Issue Date Range*</u>
QuietCare RS	RS.LTC.(1101) & RS.LTC.(0807)	October 2003 – July 2008
QuietCare RS	RS.LTC.(0708)	July 2008 – October 2010 (*see exhibit 2 for state's ranges)

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1. Scope & Purpose

This memorandum consists of materials which support the development of new premium rates for the policy series forms listed on page 1. The purpose of this memorandum is to demonstrate that the requirements of this State in regards to an in force rate increase request have been met. This rate filing is not intended to be used for any other purpose.

2. Requested Rate Increase

The company is requesting an average rate increase of 27% with the rate increase varying by benefit period. The requested rate increase for 3 year benefit period is 10%, 6 year benefit period is 25% and lifetime benefit period is 30%. Rates are not being increased for issue age 75+ policies with 3 year benefit period to ensure that inforce rates do not exceed new issue business rates. The rate increases adhere to the following restrictions:

- a. We ensure that the proposed rate increase does not result in premium rates that exceed the rates for new business. This is demonstrated in the attached premium rate comparison.
- b. We ensure that the resulting overall increase in rates satisfies 14VAC5-200-153 C2, ensuring no less than an 85% loss ratio on the rate increase portion, while applying 58% to the current rate schedule. This is demonstrated in Exhibit 1.
- c. The lifetime loss ratio after the proposed rate increase is greater than or equal to the lifetime loss ratio targeted in the original filing from this form.

New proposed rate tables for these policy forms are included with this filing. The contingent non-forfeiture paid up benefit equal to the sum of premiums paid is being offered to all policyowners impacted by the rate increase whether or not their increase is above the substantial increase triggers.

The number of policyowners and amount of inforce premium, as of December 31, 2015, for your state and nationwide, are displayed in Exhibit 2. The exhibit also shows the average annual premium before and after the proposed rate increase.

3. Reason for Rate Increase Request

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are mainly the result longer claim continuance with a greater effect on longer benefit periods, combined with lower lapse and mortality rates.

Northwestern Long Term Care Insurance Company (NLTC) has been evaluating this block and updating assumptions based on our experience as well as the LTCi industry experience. For the forms specified above, the projected lifetime loss ratio based on the assumptions outlined in this memo is worse than original pricing. The combined effect of changing the underlying claim costs and updating the mortality rates and persistency assumptions resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, NLTC is requesting a rate increase in order to maintain the viability and financial stability of the policy form.

Even though we could justify a higher rate increase, at this time we have decided to request 27% taking into consideration the impact on our policyowners. The requested premium rate schedule increase is not considered sufficient to cover the adverse impact of the changes to the assumptions in this filing. If the rate schedule increase of 68% were requested and implemented and the underlying assumptions with additional margin for moderately adverse conditions are realized no increase beyond 68% would be anticipated.

4. Rate Increase History

We have not requested any previous rate increases on these policy forms, either in your state or on a nationwide basis.

5. Benefit Descriptions

This policy provides comprehensive long term care coverage, and reimburses eligible expenses of the insured up to the daily limits of the policy. The product is priced to have level premiums. All premiums are guaranteed renewable. If the policy becomes paid-up it becomes non-cancellable. The product is available at issue ages 18-79. Premiums are on a sex neutral basis.

The insured chooses a daily limit, benefit period, elimination period, and home and community care coverage percentage. The plan reimburses eligible expenses up to the daily limits once the elimination period is satisfied. The plan continues to reimburse expenses until eligible expenses are no longer incurred or benefits are exhausted.

Care can be provided by licensed health care practitioners in licensed nursing homes, alternate living facilities, the home, and adult day care agencies. Respite care is also covered.

Two indexing options are available. The first option, called the Automatic Benefit Increase option, is a level premium product with the daily limit and the Benefit Account Value remaining indexing at 3%, 4%, or 5% per year. The insured chooses the indexing percentage at issue.

The second option, called the Automatic Additional Purchase Benefit, provides a level benefit while the insured does not require LTC benefits. The daily limit and the Benefit Account Value remaining begin indexing at 5% per year if and when the insured is on claim. Also under this option, the insured has the option of purchasing an additional amount of coverage, equal to 5% of the prior year's daily limit, each year while not on claim. This additional coverage also increases the Benefit Account Value. The premiums for the additional coverage are level and are based on the insured's current attained age. The insured can continue to purchase the additional coverage under this option until the later of age 85 or the tenth policy anniversary, or until the insured has refused two of the optional increases in coverage.

All plans include the waiver of premium benefit.

An optional non-forfeiture benefit and survivorship benefit are also available. The non-forfeiture benefit, called Paid-up Nonforfeiture Benefit, provides paid-up coverage when premium payments stop on or after the third policy anniversary via a smaller Benefit Account Value. Although we are filing for a premium rate increase, the premiums under the non-forfeiture benefit are not changing at this time.

The survivorship benefit, called the Survivorship Benefit, is a benefit that can be purchased when two spouses each purchase an NLTC long-term care policy. This benefit will change the status of the second insured's policy to fully paid up, beginning at the later of the death of the first insured, and the first anniversary after the benefit on the surviving insured's policy has been paid for and in force for 7 years.

One underwriting class exists for all policies issued. The policy is participating.

6. Renewability

All policy forms listed above are guaranteed renewable.

7. Applicability

This filing is applicable to in force policies only, as this policy form is no longer being sold in your state or nationwide. The premium changes will apply to the base form as well as to all applicable additional benefits. The premium change will also apply to future purchase option elections under the Automatic Additional Purchase Benefit. The premium changes will not apply to policies which have already reached paid-up status.

The company remains in the market, and currently sells similar long-term care insurance.

8. Marketing Method

All policy forms listed above were marketed by Northwestern Mutual's (parent company of NLTC) career captive field force.

9. Issue Age Ranges

Issue ages are from 18 to 79.

10. Actuarial Assumptions – Updated

This section includes the current assumptions used to justify the premium rate increase. These assumptions do not include any margin for adverse experience.

A. Morbidity - Updated

Claim costs from Milliman's 2014 edition of the Long Term Care Guidelines were used for morbidity estimates. The Guidelines have been developed in conjunction with professionals in several Milliman offices and reflect actual experience of various carriers, numerous studies of non-insurance data and judgment. The guidelines are a continually evolving rating structure that are modified as more experience becomes available.

The 2014 Milliman Guidelines were tailored to reflect NLTC's underwriting standards and claims administration practices. Milliman develops morbidity selection factors for three levels of underwriting: looser underwriting, average underwriting, and stricter underwriting. Milliman determined after analyzing NLTC's underwriting standards and practices that we fall in the stricter underwriting category. Milliman also came in to look at our claims administration practices to adjust the 2014 Milliman Guidelines in order to be more in line with how we administer long-term care claims. Final adjustments were made to morbidity recognizing anticipated morbidity differences due to NLTC's specific product design.

We also reviewed how the 2014 Milliman Guidelines compare to our own limited amount of long-term care claims data and our cash claim payments are in line with the expected basis. Since the 2014 Guidelines provided by Milliman were based on long-term care policies with specific benefits equal to what these policy forms offer, our overall morbidity experience to-date, although limited and not credible, does not

call into question the validity of the 2014 Milliman Guidelines for this block of business.

No morbidity improvement was assumed in pricing.

Appendix I shows a sample of claim costs used in determining the premium rate increase.

B. Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate. Normal renewal commission rates will be applied on any increase in premium.

C. Mortality - Updated

Our mortality assumptions were developed using internal company experience and include underwriting selection factors. Mortality improvement is also assumed through attained age 105.

In comparing the pricing mortality table used to the 1994 Group Annuitant Mortality (94 GAM) table used for valuation, the pricing ultimate rates are more conservative for the majority of issue ages. However, the biggest difference between the two tables is not the ultimate rates but that the pricing mortality recognizes lower mortality rates on recently underwritten business (mortality selection) and improved mortality over time (mortality improvement). Thus, the pricing mortality is more conservative than the table used for valuation (94 GAM) which does not have selection or improvement.

D. Lapse – Updated

Policy Year	%
1	3.400%
2	4.300%
3	3.200%
4	2.500%
5	2.000%
6	1.600%
7	1.300%
8	1.100%
9	0.500%
10+	0.500%

Lapse Adjustment by Issue Age: The following table of multipliers was used to adjust lapse rates for policies issued at older ages.

Updated Lapse Adjustment by Issue Age			
Policy Year	Issue Ages 18-69	Issue Ages 70-74	Issue Ages 75-79
1	100%	100%	90%
2	100%	100%	75%
3	100%	100%	60%
4	100%	100%	45%
5	100%	100%	30%
6	100%	100%	15%
7	100%	100%	0%
8	100%	100%	0%
9	100%	100%	0%
10	100%	80%	0%
11	100%	60%	0%
12	100%	40%	0%
13	100%	20%	0%
14+	100%	0%	0%

Lapse Adjustment for Paid-Up Nonforfeiture Benefit – These multipliers remain the same as those used for the original pricing.

E. Interest

Discounting and accumulating of earned premiums and incurred claims for the purpose of calculating historical, future anticipated and lifetime loss ratios was performed using the maximum valuation interest rate.

F. Distribution

Distribution of Business by Issue Age:

<u>Issue Age</u>	<u>Expected Distribution</u>	<u>Actual Distribution</u>
52	5%	45%
57	20%	26%
62	35%	18%
67	25%	8%
72	10%	2%
77	5%	1%

Average issue age = 54.7

Distribution of Business by Plan:

<u>Benefit Period</u> <u>(Years)</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
3	10%	9%
6	25%	27%
Lifetime	65%	64%
<u>Elimination Period</u> <u>(Weeks)</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
6	15%	6%
12	70%	86%
25	15%	8%
<u>Home & Community</u> <u>Care %</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
100%	85%	84%
50%	15%	6%

Distribution of Business by Sex:

<u>Sex</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
Male	40%	47%
Female	60%	53%

Distribution of Business by Indexing Option:

<u>Indexing Option</u>	<u>Expected</u> <u>Distribution</u>	<u>Actual</u> <u>Distribution</u>
None	25%	16%
Automatic Benefit Increase	5%	16%
Automatic Additional Purchase Benefit	70%	68%

11. Actuarial Assumptions - Original

The initial premium rate schedule was based on the originally filed pricing assumptions which were believed to be appropriate, given company and industry experience available, when the initial rate schedule was developed. The original pricing assumptions for morbidity, voluntary termination rates, and mortality were as follows:

A. Morbidity - Original

The Milliman & Robertson (M&R) Internal Guidelines for Long Term Care Claim Costs were used for morbidity estimates. These Guidelines were developed in conjunction with professionals in several M&R offices during the mid-1990s and reflect actual experience of various carriers at that time, numerous studies of non-insurance data and actuarial judgment. The guidelines were established with a continually evolving rating structure that allow for modifications over time as more experience becomes available.

Underwriting adjustments were applied by policy year to reflect the morbidity anticipated due to underwriting. These factors were based on experience reviewed by M&R for benefit plans similar to NLTC with modifications to reflect the level of underwriting. For the Automatic Additional Purchase Benefit option, composite selection factors were calculated from the factors above recognizing that initial underwriting will wear off over time. Final adjustments were made to morbidity recognizing anticipated morbidity differences due to NLTC specific underwriting and product design.

Appendix II shows claim costs used in developing original premiums.

B. Mortality - Original

1983 Individual Annuitant Mortality

C. Lapse - Original

Policy Year	Lapse Rate
1	4.00%
2	3.60%
3	3.30%
4	3.05%
5	2.90%
6	2.80%
7	2.70%
8	2.60%
9	2.55%
10+	2.50%

Lapse Adjustment for Paid-Up Nonforfeiture Benefit - The following table of multipliers was used to adjust lapse rates for those policies with the Paid-Up Nonforfeiture Benefit (NFB) option:

Policy Year	Lapse Adjustment Multiplier for NFB
1	50%
2	0%
3	200%
4	170%
5+	110%

12. Underwriting

Medical underwriting was required for individual policies issued under this policy form and varied by issue age. LTC underwriting takes into account conditions or combinations of medical conditions that are likely to result in an impending need for services. There was one standard underwriting class for these policy forms.

13. Premium Classes

Premiums are unisex and payable for life, except if the policy becomes paid up as described in Section 5 above. The premiums may vary according to one or more of the following policy and policyholder attributes: issue age, benefit level, benefit period, elimination period, inflation option, premium mode, home and community care coverage percentage, marital status, and additional benefits.

A multi-life discount of 5% is also applied where policies were marketed to three or more lives of an employer/employee group or ten or more lives of an association group. The discount was available to members and retirees of these groups, as well as their parents, spouses, and spouses' parents.

14. Reserve Basis

A. Base Plans

Statutory Reserve Basis - Statutory Active Life Reserves are based on the claim costs developed for this plan increased by 20-25%, varying by issue age. A one-year preliminary term method with 1994 Group Annuitant Mortality (94 GAM) and 4.0% or 4.5% interest is used, based on year of issue. Lapse rates are included in the reserve calculations. Specifically, the following formula for total termination rates (TTRs) is used:

TTR = Lessor of: a) 1994 GAM plus lessor of:
 i) 8% for durations 1-4
 4% for duration 5 and later; or
 ii) 80% of pricing lapse rate;
 And
 b) 80% of pricing total termination rate.

Disabled life reserves use the claim costs developed for this plan and the maximum statutory valuation interest rate by calendar year of claim onset.

Since the perceived appropriateness of reserve assumptions can change after issue, the company performs annual asset adequacy testing for its LTC block overall. Additional actuarial reserves due to asset adequacy testing have been held since 2012, and as of December 31, 2016, \$265 million was held for the LTC product line.

B. Paid-Up Nonforfeiture Benefit

Paid-Up Nonforfeiture Benefit Reserves use the same assumptions as the base plan except where noted below. Active life reserves are equal to:

- a. The greater of:
 1. The LTC active life reserve, and
 2. The lapse benefit
- plus
- b. The Paid-Up Nonforfeiture Benefit Reserve

where:

The LTC active life reserve is consistent with the base policy.

The lapse benefit is equal to the present value of future claims for an insured if the policy is lapsed in the following year.

The Paid-Up Nonforfeiture Benefit Reserve is equal to the present value of future claims for all insureds currently in paid-up status.

Appendix I – Sample Claim Costs (Repricing)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.558	0.490	0.410	0.416	0.363	0.300	0.402	0.353	0.295	0.299	0.262	0.216
65	1.438	1.260	1.046	1.532	1.347	1.125	1.040	0.911	0.756	1.107	0.974	0.813
75	5.574	4.875	4.012	6.940	6.145	5.181	4.346	3.801	3.128	5.412	4.791	4.040
85	22.796	19.920	16.313	32.494	28.874	24.483	19.507	17.046	13.958	27.807	24.708	20.950
95	48.257	41.378	32.595	78.732	69.591	58.301	43.708	37.475	29.518	71.310	63.028	52.799

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.962	0.851	0.719	0.709	0.625	0.525	0.692	0.612	0.517	0.510	0.450	0.378
65	2.393	2.109	1.765	2.592	2.294	1.935	1.730	1.524	1.276	1.874	1.658	1.398
75	8.751	7.675	6.340	11.702	10.395	8.809	6.823	5.984	4.942	9.125	8.105	6.868
85	34.666	30.332	24.875	54.227	48.226	40.897	29.663	25.953	21.282	46.402	41.265	34.992
95	69.059	59.342	46.904	122.987	108.557	90.552	62.544	53.741	42.472	111.386	98.313	82.000

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: No Indexing by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.540	1.375	1.181	1.270	1.136	0.979	1.108	0.990	0.850	0.914	0.818	0.704
65	3.690	3.285	2.798	4.400	3.940	3.394	2.667	2.374	2.022	3.180	2.847	2.452
75	12.580	11.138	9.361	18.713	16.763	14.433	9.809	8.684	7.298	14.591	13.070	11.252
85	48.110	42.480	35.460	82.748	74.112	63.701	41.168	36.348	30.339	70.808	63.415	54.503
95	95.632	83.314	67.683	179.789	160.085	135.830	86.612	75.451	61.290	162.832	144.980	123.005

Appendix I– Sample Claim Costs (cont.)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

Sample Claim Costs Per \$1 of Daily Benefit												
3 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	0.596	0.527	0.447	0.443	0.390	0.327	0.429	0.379	0.322	0.319	0.281	0.236
65	1.534	1.353	1.140	1.635	1.447	1.226	1.109	0.978	0.824	1.181	1.046	0.886
75	5.936	5.226	4.363	7.416	6.608	5.651	4.629	4.075	3.402	5.783	5.153	4.406
85	24.255	21.329	17.718	34.750	31.070	26.708	20.756	18.251	15.161	29.738	26.587	22.853
95	51.081	44.088	35.266	84.057	74.748	63.474	46.265	39.930	31.937	76.133	67.700	57.485

Sample Claim Costs Per \$1 of Daily Benefit												
6 Year Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.076	0.959	0.823	0.792	0.704	0.601	0.775	0.690	0.592	0.570	0.506	0.432
65	2.664	2.364	2.010	2.894	2.579	2.209	1.925	1.709	1.453	2.091	1.864	1.597
75	9.656	8.526	7.148	13.065	11.682	10.044	7.529	6.647	5.572	10.187	9.108	7.831
85	38.060	33.514	27.882	60.476	54.115	46.519	32.567	28.677	23.856	51.749	46.304	39.802
95	74.869	64.772	52.001	135.797	120.566	101.893	67.807	58.659	47.088	122.988	109.189	92.271

Sample Claim Costs Per \$1 of Daily Benefit												
Lifetime Benefit Period: With 5% Indexing; by Elimination Period (days)												
Attained	<u>100% HHC</u>						<u>50% HHC</u>					
	<u>Male</u>			<u>Female</u>			<u>Male</u>			<u>Female</u>		
<u>Age</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>	<u>46</u>	<u>91</u>	<u>181</u>
55	1.908	1.716	1.496	1.676	1.513	1.326	1.373	1.235	1.076	1.206	1.089	0.955
65	4.464	4.002	3.460	5.644	5.092	4.457	3.227	2.892	2.500	4.079	3.680	3.221
75	14.631	13.038	11.114	23.079	20.808	18.164	11.409	10.166	8.665	17.995	16.224	14.162
85	54.953	48.818	41.308	98.771	88.953	77.391	47.023	41.772	35.343	84.519	76.115	66.218
95	106.745	93.605	77.174	207.005	185.294	159.084	96.677	84.772	69.886	187.482	167.812	144.065

Appendix II– Sample Claim Costs (Original Pricing)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

HCC at 100%									
Sample Male Claim Costs Per \$1 of Daily Benefit									
Base Plan									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.877	0.770	0.688	1.225	1.083	0.976	1.706	1.512	1.369
65	2.154	1.834	1.629	2.771	2.371	2.114	3.530	3.027	2.704
75	6.933	5.805	5.048	8.484	7.144	6.234	10.463	8.822	7.705
85	19.950	16.651	14.198	23.342	19.544	16.653	28.157	23.594	20.104
95	38.460	31.600	26.015	44.036	36.331	29.937	52.702	43.508	35.866

HCC at 100%									
Sample Female Claim Costs Per \$1 of Daily Benefit									
Base Plan									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.873	0.766	0.687	1.257	1.112	1.008	1.865	1.660	1.517
65	2.765	2.400	2.165	3.814	3.332	3.030	5.266	4.618	4.212
75	9.006	7.775	7.032	12.187	10.580	9.601	16.093	14.000	12.711
85	31.413	27.370	24.891	41.895	36.585	33.129	53.011	46.284	41.794
95	49.535	42.702	37.749	63.308	54.880	48.667	78.935	68.377	60.410

HCC at 50%									
Sample Male Claim Costs Per \$1 of Daily Benefit									
Base Plan									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.691	0.607	0.543	0.873	0.711	0.694	1.127	0.996	0.899
65	1.560	1.338	1.185	1.871	1.611	1.436	2.339	2.018	1.800
75	5.435	4.614	4.029	6.511	5.557	4.871	7.962	6.802	5.961
85	16.126	13.677	11.752	18.647	15.871	13.662	22.498	19.160	16.495
95	33.301	27.662	22.905	37.961	31.664	26.285	45.440	37.923	31.498

HCC at 50%									
Sample Female Claim Costs Per \$1 of Daily Benefit									
Base Plan									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.663	0.586	0.528	0.865	0.768	0.700	1.191	1.061	0.971
65	2.171	1.897	1.714	2.840	2.498	2.278	3.856	3.403	3.111
75	7.469	6.514	5.911	9.809	8.602	7.834	12.779	11.224	10.219
85	27.236	23.927	21.790	35.715	31.464	28.596	44.934	39.570	35.866
95	43.148	37.497	33.232	55.261	48.320	43.092	68.836	60.127	53.410

Appendix II– Sample Claim Costs (cont.)

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments.

HCC at 100%									
Sample Male Claim Costs Per \$1 of Daily Benefit									
With 5% Indexing									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.949	0.840	0.764	1.402	1.250	1.146	2.137	1.913	1.764
65	2.323	1.993	1.799	3.114	2.687	2.435	4.116	3.562	3.236
75	7.419	6.261	5.527	9.365	7.952	7.046	11.780	10.018	8.888
85	21.278	17.893	15.480	25.462	21.486	18.568	30.984	26.169	22.613
95	40.804	33.789	28.230	47.613	39.607	33.117	57.332	47.733	39.934

HCC at 100%									
Sample Female Claim Costs Per \$1 of Daily Benefit									
With 5% Indexing									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.947	0.838	0.764	1.449	1.294	1.195	2.478	2.229	2.078
65	2.986	2.611	2.393	4.330	3.814	3.522	6.522	5.776	5.359
75	9.699	8.436	7.746	13.728	12.012	11.064	19.080	16.740	15.430
85	33.813	29.674	27.368	46.934	41.281	37.879	60.890	53.538	48.940
95	53.047	46.053	41.278	70.162	61.286	55.122	88.989	77.645	69.478

HCC at 50%									
Sample Male Claim Costs Per \$1 of Daily Benefit									
With 5% Indexing									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.772	0.686	0.623	1.032	0.920	0.843	1.396	1.247	1.145
65	1.721	1.489	1.341	2.133	1.853	1.679	2.734	2.381	2.159
75	5.881	5.031	4.457	7.245	6.234	5.546	8.987	7.741	6.884
85	17.327	14.798	12.885	20.448	17.530	15.291	24.878	21.343	18.620
95	35.475	29.693	24.933	41.173	34.619	29.146	49.580	41.719	35.151

HCC at 50%									
Sample Female Claim Costs Per \$1 of Daily Benefit									
With 5% Indexing									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.749	0.668	0.613	1.044	0.936	0.868	1.598	1.440	1.345
65	2.397	2.112	1.937	3.282	2.911	2.696	4.824	4.298	3.995
75	8.165	7.174	6.600	11.177	9.876	9.123	15.212	13.469	12.437
85	29.605	26.185	24.159	40.286	35.734	32.888	51.836	45.951	42.141
95	46.484	40.669	36.521	61.629	54.286	49.086	78.016	68.618	61.715

Actuarial Certification

I, Gregory Gurlik, am an Actuary and an officer of the Northwestern Long Term Care Insurance Company and am a member in good standing of the American Academy of Actuaries. I wrote the Actuarial Memorandum for the rate increase filing for forms RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708). The assumptions used as stated in this memorandum are reasonable and realistic for this product. To the best of my knowledge and judgment, this filing complies with the laws and regulations of your state and the benefits are reasonable in relation to the premiums charged.



Actuary

February 23, 2017

Date

Northwestern Long Term Care Insurance Company

Side by Side Comparison of UU.LTC.(0916) New Business Premium Rates and RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) Revised Premium Rates

The UU.LTC.(0916) policy form currently available for sale has two spousal/companion discounts available, a spousal one insured discount and a spousal two insured discount. The spousal one discount is for an individual who has a spouse or companion but their spouse or companion does not apply or is not medically approved for coverage. The spousal two discount is available for an individual if both associated spouses are medically approved for a current series policy and both policies are put in force. The RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) policy forms only have one spousal/companion discount. This discount is a spousal two insured discount, where both spouses must have applied and been insurable in order to be eligible for the discount. Since RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) do not have a spousal one discount, the premiums for the UU.LTC.(0916) spousal one premiums are compared to the RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) single premiums in this document. The UU.LTC.(0916) single and spousal two premiums are compared to the corresponding RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) single and spousal two premiums.

Premium rates under the UU.LTC.(0916) policy form are on a sex distinct basis, whereas RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) premium rates are on a sex neutral basis. In order to compare the sex neutral rates to the sex distinct rates, the following Male-Female blend has been applied to the UU.LTC.(0916) rates for each discount type, consistent with the actual in force gender mix for RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708):

Single/Spousal 1: 38% Male, 62% Female

Spousal 2: 50% Male, 50% Female

The UU.LTC.(0916) policy form provides reimbursement up to a monthly limit and a 12 week elimination period, whereas the RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) forms provide reimbursement up to a daily limit and a 91 day beginning date. Since the monthly amount provides greater value to the policyholder, we have reduced the UU.LTC.(0916) new business premiums by 5% for the comparisons to RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) in this document.

The RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) revised premium rates are lower than the UU.LTC.(0916) new business premium rates for all policy types and issue ages.

Northwestern Long Term Care Insurance Company

Lifetime Pay Long-Term Care Policy Annual Premium

\$155 Maximum Daily Limit for RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) Revised Sex Neutral Rates, 91 Day Beginning Date
 \$4,715 Maximum Monthly Limit for UU.LTC.(0916) Sex Distinct New Business Rates - 38% Male, 62% Female Blend, 12 Week Elimination Period
 No Discount/Single

3 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	541	847	-36%
30	541	930	-42%
35	541	1,035	-48%
40	541	1,156	-53%
52	897	1,543	-42%
57	1,144	1,875	-39%
62	1,550	2,392	-35%
67	2,296	3,367	-32%
72	3,763	4,993	-25%
77	5,458	7,348	-26%

3 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	2,624	10,196	-74%
30	2,624	9,379	-72%
35	2,624	8,726	-70%
40	2,624	8,082	-68%
52	3,086	6,752	-54%
57	3,390	6,675	-49%
62	3,935	6,831	-42%
67	5,007	7,984	-37%
72	7,043	9,942	-29%
77	9,057	12,297	-26%

3 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	570	868	-34%
30	570	955	-40%
35	570	1,064	-46%
40	570	1,188	-52%
52	955	1,593	-40%
57	1,221	1,934	-37%
62	1,663	2,483	-33%
67	2,469	3,507	-30%
72	4,064	5,251	-23%
77	5,913	7,874	-25%

6 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	721	1,151	-37%
30	721	1,287	-44%
35	721	1,464	-51%
40	721	1,654	-56%
52	1,215	2,298	-47%
57	1,555	2,846	-45%
62	2,113	3,713	-43%
67	3,131	5,246	-40%
72	5,137	7,820	-34%
77	8,161	11,752	-31%

6 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	3,751	15,362	-76%
30	3,751	14,096	-73%
35	3,751	13,116	-71%
40	3,751	12,092	-69%
52	4,377	10,037	-56%
57	4,791	9,938	-52%
62	5,538	10,187	-46%
67	7,018	11,950	-41%
72	9,936	14,879	-33%
77	13,886	18,811	-26%

6 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	787	1,212	-35%
30	787	1,358	-42%
35	787	1,546	-49%
40	787	1,753	-55%
52	1,341	2,443	-45%
57	1,727	3,047	-43%
62	2,354	3,999	-41%
67	3,505	5,711	-39%
72	5,772	8,635	-33%
77	9,209	13,530	-32%

Northwestern Long Term Care Insurance Company

Lifetime Pay Long-Term Care Policy Annual Premium

\$155 Maximum Daily Limit for RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) Revised Sex Neutral Rates, 91 Day Beginning Date
 \$4,715 Maximum Monthly Limit for UU.LTC.(0916) Sex Distinct New Business Rates - 38% Male, 62% Female Blend, 12 Week Elimination Period
 Spousal - One Insured Discount

3 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	541	804	-33%
30	541	883	-39%
35	541	983	-45%
40	541	1,098	-51%
52	897	1,466	-39%
57	1,144	1,781	-36%
62	1,550	2,272	-32%
67	2,296	3,198	-28%
72	3,763	4,744	-21%
77	5,458	6,981	-22%

3 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	2,624	9,686	-73%
30	2,624	8,910	-71%
35	2,624	8,290	-68%
40	2,624	7,677	-66%
52	3,086	6,414	-52%
57	3,390	6,341	-47%
62	3,935	6,489	-39%
67	5,007	7,585	-34%
72	7,043	9,445	-25%
77	9,057	11,682	-22%

3 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	570	825	-31%
30	570	907	-37%
35	570	1,011	-44%
40	570	1,129	-49%
52	955	1,513	-37%
57	1,221	1,838	-34%
62	1,663	2,359	-29%
67	2,469	3,332	-26%
72	4,064	4,989	-19%
77	5,913	7,480	-21%

6 Year Benefit Period No Indexing			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	721	1,094	-34%
30	721	1,223	-41%
35	721	1,390	-48%
40	721	1,572	-54%
52	1,215	2,183	-44%
57	1,555	2,704	-42%
62	2,113	3,528	-40%
67	3,131	4,984	-37%
72	5,137	7,429	-31%
77	8,161	11,164	-27%

6 Year Benefit Period Automatic Benefit Increase Option			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	3,751	14,594	-74%
30	3,751	13,392	-72%
35	3,751	12,460	-70%
40	3,751	11,488	-67%
52	4,377	9,536	-54%
57	4,791	9,441	-49%
62	5,538	9,677	-43%
67	7,018	11,353	-38%
72	9,936	14,135	-30%
77	13,886	17,871	-22%

6 Year Benefit Period Automatic Additional Purchase Benefit			
RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708)			
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference
25	787	1,152	-32%
30	787	1,290	-39%
35	787	1,469	-46%
40	787	1,665	-53%
52	1,341	2,321	-42%
57	1,727	2,894	-40%
62	2,354	3,799	-38%
67	3,505	5,426	-35%
72	5,772	8,203	-30%
77	9,209	12,853	-28%

Northwestern Long Term Care Insurance Company

Lifetime Pay Long-Term Care Policy Annual Premium

\$155 Maximum Daily Limit for RS.LTC.(1101), RS.LTC.(0807), and RS.LTC.(0708) Revised Sex Neutral Rates, 91 Day Beginning Date
 \$4,715 Maximum Monthly Limit for UU.LTC.(0916) Sex Distinct New Business Rates - 50% Male, 50% Female Blend, 12 Week Elimination Period
 Spousal - Two Insured Discount

3 Year Benefit Period No Indexing				
RS.LTC.(1101), RS.LTC.(0807), and				
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference	
25	460	657	-30%	
30	460	720	-36%	
35	460	799	-42%	
40	460	889	-48%	
52	763	1,177	-35%	
57	972	1,432	-32%	
62	1,318	1,827	-28%	
67	1,951	2,565	-24%	
72	3,199	3,792	-16%	
77	4,639	5,574	-17%	

3 Year Benefit Period Automatic Benefit Increase Option				
RS.LTC.(1101), RS.LTC.(0807), and				
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference	
25	2,231	7,679	-71%	
30	2,231	7,059	-68%	
35	2,231	6,558	-66%	
40	2,231	6,062	-63%	
52	2,623	5,028	-48%	
57	2,881	4,972	-42%	
62	3,345	5,107	-34%	
67	4,256	5,960	-29%	
72	5,987	7,447	-20%	
77	7,698	9,229	-17%	

3 Year Benefit Period Automatic Additional Purchase Benefit				
RS.LTC.(1101), RS.LTC.(0807), and				
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference	
25	485	674	-28%	
30	485	738	-34%	
35	485	821	-41%	
40	485	912	-47%	
52	812	1,212	-33%	
57	1,038	1,475	-30%	
62	1,414	1,893	-25%	
67	2,099	2,667	-21%	
72	3,454	3,977	-13%	
77	5,026	5,954	-16%	

6 Year Benefit Period No Indexing				
RS.LTC.(1101), RS.LTC.(0807), and				
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference	
25	613	887	-31%	
30	613	990	-38%	
35	613	1,121	-45%	
40	613	1,263	-51%	
52	1,033	1,744	-41%	
57	1,321	2,161	-39%	
62	1,796	2,816	-36%	
67	2,661	3,971	-33%	
72	4,366	5,893	-26%	
77	6,937	8,841	-22%	

6 Year Benefit Period Automatic Benefit Increase Option				
RS.LTC.(1101), RS.LTC.(0807), and				
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference	
25	3,188	11,517	-72%	
30	3,188	10,558	-70%	
35	3,188	9,811	-68%	
40	3,188	9,026	-65%	
52	3,721	7,438	-50%	
57	4,072	7,372	-45%	
62	4,707	7,587	-38%	
67	5,966	8,882	-33%	
72	8,445	11,077	-24%	
77	11,803	14,025	-16%	

6 Year Benefit Period Automatic Additional Purchase Benefit				
RS.LTC.(1101), RS.LTC.(0807), and				
Issue Age	RS.LTC.(0708)	UU.LTC.(0916)	Difference	
25	669	932	-28%	
30	669	1,042	-36%	
35	669	1,182	-43%	
40	669	1,335	-50%	
52	1,140	1,850	-38%	
57	1,468	2,306	-36%	
62	2,001	3,023	-34%	
67	2,979	4,305	-31%	
72	4,906	6,479	-24%	
77	7,827	10,104	-23%	

Explanation of Assumptions and Rate Increase

The company is requesting an average rate increase of 27% with the rate increase varying by benefit period for the post-rate stabilization policies on the RS.LTC.(1101) policy form and the RS.LTC.(0807) and RS.LTC.(0708) policy forms. The requested rate increase for 3 year benefit period is 10%, 6 year benefit period is 25% and lifetime benefit period is 30%. Rates are not being increased for issue age 75+ policies with 3 year benefit period to ensure that inforce rates do not exceed new issue business rates.

New proposed rate tables for these policy forms are included with this filing. The contingent non-forfeiture paid up benefit equal to the sum of premiums paid is being offered to all policyowners impacted by the rate increase whether or not their increase is above the substantial increase triggers.

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are mainly the result longer claim continuance with a greater effect on longer benefit periods, combined with lower lapse and mortality rates.

Northwestern Long Term Care Insurance Company (NLTC) has been evaluating this block and updating assumptions based on our experience as well as the LTCi industry experience. For the forms specified above, the projected lifetime loss ratio based on the assumptions outlined in the actuarial memorandum is worse than original pricing. The combined effect of changing the underlying claim costs and updating the mortality rates and persistency assumptions resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, NLTC is requesting a rate increase in order to maintain the viability and financial stability of the policy form.

Even though we could justify a higher rate increase, at this time we have decided to request 27% taking into consideration the impact on our policyowners. If experience does not improve, we may need to request future rate increases on these policy forms.